

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

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

RCW 1535753891

5338

**Part 1. Information About Principal of the Regional Center**

|   |   |   |
|---|---|---|
| Name: Last<br>Chen                                  | First<br>Andy                                     | Middle  |
| In Care Of: ASPI Group Inc                          |   |   |
| Street Address/P.O. Box: 1600 Lind Ave SW Suite 220 |   |   |
| City: Renton  | (b)(6)  | State: WA   |
|   |   | Zip Code: 98057   |
| Date of Birth<br>(mm/dd/yyyy)                       | Fax Number<br>(include area code): (425) 264-1268 | Telephone Number<br>(include area code): (425) 264-1000 |
| Web site address: www.aspigroup.com                 |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) HQSCOPS 70/6.2.8-C (see attachment)

**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:** Aero Space Port International (ASPI) Group Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1600 Lind Ave SW Suite 220 |   |  |
| City: Renton  | State: WA   | Zip Code: 98057                                  |
| Web site<br>Address: www.aspigroup.com              | Fax Number<br>(include area code): (425) 264-1268 | Telephone<br>(include area code): (425) 264-1000 |

**B. Name of Managing Company/Agency:** ASPI Group Inc

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1600 Lind Ave SW Suite 220 |   |  |
| City: Renton  | State: WA   | Zip Code: 98057                                  |
| Web site<br>Address: www.aspigroup.com              | Fax Number<br>(include area code): (425) 264-1268 | Telephone<br>(include area code): (425) 264-1000 |

**C. Name of Other Agent:**

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



**RCW1535753891**  
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.”)

|   |  |                           |
|---|--|---------------------------|
| Aggregate EB-5 Capital Investment<br>see attachment | Aggregate Direct and Indirect Job Creation<br>see attachment | 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:<br>Retail Trade   |   | NAICS Code for the Industry Category<br>4 5 0 0 0 0 |
| Aggregate EB-5 Capital Investment:<br>see attachment                                | Aggregate Direct and Indirect Job Creation:<br>see attachment | Aggregate Jobs Maintained:                          |
| b. Industry Category Title:<br>Other Electrical Equipment & Component Manufacturing |   | NAICS Code for the Industry Category<br>3 3 5 9 0 0 |
| Aggregate EB-5 Capital Investment:<br>see attachment                                | Aggregate Direct and Indirect Job Creation:<br>see attachment | Aggregate Jobs Maintained:                          |
| c. Industry Category Title:<br>Pharmaceutical Manufacturing                         |   | NAICS Code for the Industry Category<br>3 2 5 4 0 0 |
| Aggregate EB-5 Capital Investment:<br>see attachment                                | Aggregate Direct and Indirect Job Creation:<br>see attachment | 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:<br>Washington Economic Development Capital I   |   | Industry Category Title:<br>Retail Trade |                    |
| Address (Street Number and Name):<br>Lind Ave SW Suite 220   | City:<br>Renton   | State:<br>WA                             | Zip Code:<br>98057 |
| Aggregate EB-5 Capital Investment:<br><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> (b)(4)   | Aggregate Direct and Indirect Job Creation:<br>see attachment | Aggregate Jobs Maintained:               |                    |
| Does this EB-5 commercial enterprise serve as a 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:<br>ML 96000 Building (Moses Lake Town Center) |   | Industry Category Title:<br>Retail Trade |                    |
| Address (Street Number and Name):<br>1020 N Stratford Rd         | City:<br>Moses Lake                                 | State:<br>WA                             | Zip Code:<br>98837 |
| EB-5 Capital Investment:<br>[Redacted] (b)(4)                    | Direct and Indirect Job Creation:<br>see attachment | Jobs Maintained:                         |                    |
| (2) Business 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:<br>Washington Economic Development Capital II |   | Industry Category Title:<br>Manufacturing |                    |
| Address (Street Number and Name):<br>1600 Lind Ave SW Suite 220                 | City:<br>Renton   | State:<br>WA                              | Zip Code:<br>98837 |
| Aggregate EB-5 Capital Investment:<br>[Redacted] (b)(4)                         | Aggregate Direct and Indirect Job Creation:<br>see attachment | Aggregate Jobs Maintained:                |                    |

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

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

|   |   |   |                    |
|---|---|---|--------------------|
| (1) Business Name:<br>NAFTZ Industry (ASPI Technology Park) BMW/SGL |   | Industry Category Title:<br>Manufacturing |                    |
| Address (Street Number and Name):<br>8781 Randolph Rd NE            | City:<br>Moses Lake                                 | State:<br>WA                              | Zip Code:<br>98837 |
| EB-5 Capital Investment:<br>[Redacted] (b)(4)                       | Direct and Indirect Job Creation:<br>see attachment | 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:<br>Washington Economic Development Capital III   |  | Industry Category Title:<br>Distribution & Warehouse |                    |
| Address (Street Number and Name):<br>1600 Lind Ave SW Suite 220  | City:<br>Renton                                    | State:<br>VA   | Zip Code:<br>98057 |
| Aggregate EB-5 Capital Investment:<br><div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></div> (b)(4) | Aggregate Direct and Indirect Job Creation:<br>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:<br>NAFTZ Industry (ASPI Commerce Park 4)  |  | Industry Category Title:<br>Distribution & Warehouse |                    |
| Address (Street Number and Name):<br>5803 NE Patton Blvd   | City:<br>Moses Lake                      | State:<br>WA   | Zip Code:<br>98837 |
| EB-5 Capital Investment:<br><div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></div> (b)(4) | Direct and Indirect Job Creation:<br>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:         |           |

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

|   |  |   |                    |
|---|--|---|--------------------|
| d. Name of Commercial Enterprise:<br>Washington Economic Development Capital IV |  | Industry Category Title:<br>Manufacturing |                    |
| Address (Street Number and Name):<br>1600 Lind Ave SW Suite 220                 | City:<br>Renton                                    | State:<br>WA                              | Zip Code:<br>98057 |
| Aggregate EB-5 Capital Investment:<br>[Redacted] (b)(4)                         | Aggregate Direct and Indirect Job Creation:<br>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:<br>EVF (AstaReal Technologies Inc)    |                                   | Industry Category Title:<br>Manufacturing |                    |
| Address (Street Number and Name):<br>7761 Randolph Rd NE | City:<br>Moses Lake               | State:<br>WA                              | Zip Code:<br>98837 |
| EB-5 Capital Investment:<br>[Redacted]                   | Direct and Indirect Job Creation: | Jobs Maintained:<br>(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:<br>ComTech Building   |  | Industry Category Title:<br>Data Center & Office |                    |
| Address Street Number and Name:<br>5855 NE Patton Blvd  | City:<br>Moses Lake                                | State:<br>WA                                     | Zip Code:<br>98837 |
| Aggregate EB-5 Capital Investment:<br>[Redacted] (b)(4) | Aggregate Direct and Indirect Job Creation:<br>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

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

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

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

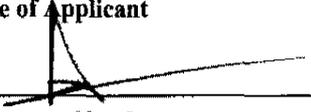
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|   |   |  |
|---|---|--|
| <b>Signature of Applicant</b><br>        | <b>Printed Name of Applicant</b><br>Andy Chen | <b>Date (mm/dd/yyyy)</b><br>12/22/2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(425) 264-1000   | <b>E-Mail Address</b><br>achen@aspigroup.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President of ASPI Group 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

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

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<br><b>BOTELLO LAZANO</b> | First<br><b>Elio</b> | Middle<br><b>Jose</b> |
|-------------------------------------|----------------------|-----------------------|

In Care Of: **Abasto Corporation**

Street Address/P.O. Box: **2501 W. Military Hwy.**

|                             |                     |                        |
|-----------------------------|---------------------|------------------------|
| City: <b>McAllen</b> (b)(6) | State: <b>Texas</b> | Zip Code: <b>78503</b> |
|-----------------------------|---------------------|------------------------|

|                            |  |   |
|----------------------------|--|---|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): <b>N/A</b> | Telephone Number (include area code): <b>(956) 686-0880</b> |
|----------------------------|--|---|

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

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) **RCW1318251169**

**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:** **Abasto Regional Center**

|   |  |  |
|---|--|--|
| Street Address/P.O. Box: <b>2501 W. Military Hwy.</b> |  |  |
| City: <b>McAllen</b>                                  | State: <b>Texas</b>                        | Zip Code: <b>78503</b>                               |
| Web site Address: <b>N/A</b>                          | Fax Number (include area code): <b>N/A</b> | Telephone (include area code): <b>(956) 686-0880</b> |

**B. Name of Managing Company/Agency:** **Abasto Corporation**

|   |  |  |
|---|--|--|
| Street Address/P.O. Box: <b>2501 W. Military Hwy.</b> |  |  |
| City: <b>McAllen</b>                                  | State: <b>Texas</b>                        | Zip Code: <b>78503</b>                               |
| Web site Address: <b>www.mcallenwarehouse.com</b>     | Fax Number (include area code): <b>N/A</b> | Telephone (include area code): <b>(956) 686-0880</b> |

**C. Name of Other Agent:**

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



**RCW1536554083**

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Fresh fruit and vegetable merchant wholesalers |   | NAICS Code for the Industry Category<br><u>4</u> <u>2</u> <u>4</u> <u>4</u> <u>8</u> <u>0</u> |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
| [Redacted]  |   |   |

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>Other grocery and related products merchant wholesalers |   | NAICS Code for the Industry Category<br><u>4</u> <u>2</u> <u>4</u> <u>4</u> <u>9</u> <u>0</u> |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
| [Redacted]   |   |   |

|   |   |   |
|---|---|---|
| c. Industry Category Title:<br>Nonresidential building construction |   | NAICS Code for the Industry Category<br><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:  |
| [Redacted]  |   |   |

- 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:<br>Abasto Properties, LLC  |   | Industry Category Title:<br>Nonresidential building construction |   |
| Address (Street Number and Name):<br>2501 W. Military Hwy.   | City:<br>McAllen                            | State:<br>Texas  | Zip Code:<br>78503  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                       |   |
| [Redacted]   |   |  |   |
| Does this EB-5 commercial 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.)

(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.)

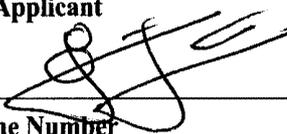
(b)(4)

| 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**.

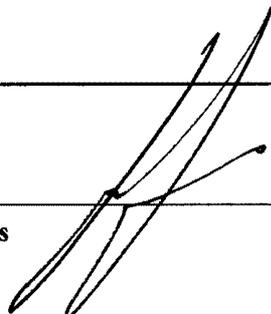
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>             | <b>Printed Name of Applicant</b><br>Elio Jose BOTELLO LOZANO | <b>Date (mm/dd/yyyy)</b><br>12-21-2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(956) 686-0880  | <b>E-Mail Address</b><br>eliojb@usa.net                      |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President, Abasto Properties, 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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>John W. Meyer / Houston R. Harris | <b>Date (mm/dd/yyyy)</b><br>12/28/15              |
| <b>Firm Name and Address</b><br>Foster LLP<br>600 Travis Street, 20th Floor, Houston, Texas 77002, USA              |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(713) 625-9224   | <b>Fax Number (Area/Country Codes)</b><br>(713) 228-1303             | <b>E-Mail Address</b><br>hharris@fosterglobal.com |

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

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

REC'D CSC 15DEC29 21:54

5233

**Part 1. Information About Principal of the Regional Center**

|                    |               |              |
|--------------------|---------------|--------------|
| Name: Last<br>Mase | First<br>John | Middle<br>A. |
|--------------------|---------------|--------------|

In Care Of:

Street Address/P.O. Box: 11100 Santa Monica Blvd., Suite 850

|                             |                                 |  |
|-----------------------------|---------------------------------|--|
| City: Los Angeles (b)(6)    | State: CA                       | Zip Code: 90025                                      |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): (310) 806-4435 |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1419651806

**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: ADC Colorado RC, LLC

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: 11100 Santa Monica Blvd., Suite 850 |                                 |   |
| City: Los Angeles  | State: CA                       | Zip Code: 90025                               |
| Web site Address:  | Fax Number (include area code): | Telephone (include area code): (310) 806-4435 |

B. Name of Managing Company/Agency: American Development Center, LLC

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: 11100 Santa Monica Blvd., Suite 850 |                                 |   |
| City: Los Angeles  | State: CA                       | Zip Code: 90025                               |
| Web site Address:  | Fax Number (include area code): | Telephone (include area code): (310) 806-4435 |

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): |



RCW1536554072

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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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:<br>None at time of filing. |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                            |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                            |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>None at 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?  No  Yes

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

|                                   |                                  |                          |           |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                  | Industry Category Title: |           |
| Address (Street Number and 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 |
| [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.)

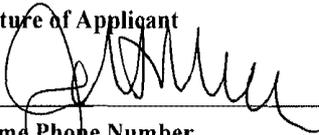
(b)(4)

| 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**.

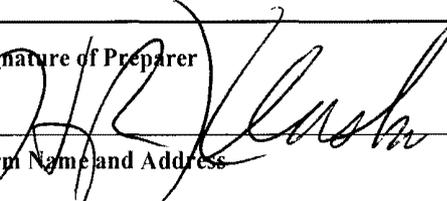
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>John A. Mase          | <b>Date (mm/dd/yyyy)</b><br>12/21/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(310) 806-4435  | <b>E-Mail Address</b><br>j.mase@industrialrealtygroup.com |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>           | <b>Printed Name of Preparer</b><br>H. Ronald Klasko      | <b>Date (mm/dd/yyyy)</b><br>12/28/2015         |
| <b>Firm Name and Address</b><br>Klasko Immigration Law Partners, LLP<br>1601 Market St, Suite 2600<br>Philadelphia, PA, 19103 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(215) 825-8600   | <b>Fax Number (Area/Country Codes)</b><br>(215) 825-8699 | <b>E-Mail Address</b><br>rklasko@klaskolaw.com |

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

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

RCW 1536354017

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>DESA   | First<br>ANTHONY                               | Middle<br>N/A  |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 10655 PARK RUN DRIVE, SUITE 210   |  |  |
| City: LAS VEGAS (b)(6)   | State: NV                                      | Zip Code: 89144                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span>  | Fax Number (include area code): (702) 658-9388 | Telephone Number (include area code): (702) 658-8080 |
| Web site address: N/A  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | RCW1411451740  |

**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:** ADIRONDACK REGIONAL CENTER OF NEW YORK, LLC

Street Address/P.O. Box: 10655 PARK RUN DRIVE, SUITE 210

|                        |  |   |
|------------------------|--|---|
| City: LAS VEGAS        | State: NV                                      | Zip Code: 89144                               |
| Web site Address: NONE | Fax Number (include area code): (702) 658-9388 | Telephone (include area code): (702) 658-8080 |

**B. Name of Managing Company/Agency:** LANDMARK DEVELOPMENT PARTNERS, LLC

Street Address/P.O. Box: 10655 PARK RUN DRIVE, SUITE 210

|                        |  |   |
|------------------------|--|---|
| City: LAS VEGAS        | State: NV                                      | Zip Code: 89144                               |
| Web site Address: NONE | Fax Number (include area code): (702) 658-9388 | Telephone (include area code): (702) 658-8080 |

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

Street Address/P.O. Box: N/A

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

  
**RCW1536354017**  
maginger 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:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| b. Industry Category Title:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| c. Industry Category Title:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>To Be Determined   |  | Industry Category Title:          |           |
| Address (Street Number and Name):<br>N/A  | City:  | State:                            | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

|   |   |                                 |                  |
|---|---|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>To Be Determined   |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b>                                    | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A  |                  |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b>                                    | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A  |                  |

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

|   |  |                                 |                 |
|---|--|---------------------------------|-----------------|
| <b>(1) Business Name:</b><br>To Be Determined   |  | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b>                                   | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A   |                 |

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

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

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

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

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

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

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

|   |   |                                 |                  |
|---|---|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b>                                    | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A  |                  |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b>                                    | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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 |
| [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.)

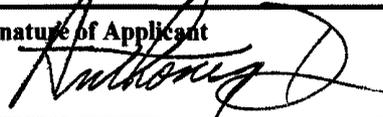
(b)(4)

| 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.

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>ANTHONY DESA | <b>Date (mm/dd/yyyy)</b> |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(702) 658-8080  | <b>E-Mail Address</b><br>ad@ccrc.us              |                          |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                                     |
|--|--|-------------------------------------|
| <b>Signature of Preparer</b><br>          | <b>Printed Name of Preparer</b><br>ANTHONY DESA          | <b>Date (mm/dd/yyyy)</b>            |
| <b>Firm Name and Address</b><br>LANDMARK DEVELOPMENT PARTNERS, LLC<br>10655 PARK RUN DRIVE, SUITE 210<br>LAS VEGAS, NV 89144 |  |                                     |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(702) 658-9388  | <b>Fax Number (Area/Country Codes)</b><br>(702) 658-8080 | <b>E-Mail Address</b><br>ad@ccrc.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<br>CHEN                                       | First<br>Jason                                 | Middle   |
| In Care Of: Aboard America Regional Center, LLC          |  |  |
| Street Address/P.O. Box: 227 West Valley Boulevard, #308 |  |  |
| City: San Gabriel (b)(6)                                 | State: CA                                      | Zip Code: 91776                                      |
| Date of Birth (mm/dd/yyyy)                               | Fax Number (include area code): (626) 576-8900 | Telephone Number (include area code): (626) 576-8000 |
| Web site address: www.aarcenter.com                      |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1226250764/1226250764

**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: Aboard America Regional Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 227 West Valley Boulevard #308 |  |   |
| City: San Gabriel                                       | State: CA                                      | Zip Code: 91776                               |
| Web site www.aarcenter.com<br>Address:                  | Fax Number (include area code): (626) 576-8900 | Telephone (include area code): (626) 576-8000 |

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

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



**RCW1536454024**

egarcia2 1924A 12/28/2015

5233 REC'D CSC 15DEC28 15:54

**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:<br>Residential Building Construction    |   | NAICS Code for the Industry Category<br>2 3 6 1 |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| b. Industry Category Title:<br>Nonresidential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| c. Industry Category Title:<br>CONTINUE ON PAGES 8, 9, AND 10       |   | NAICS Code for the Industry Category<br>_____   |
| 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:<br>Hilton Pasadena (Name of NCE Pending)   |   | Industry Category Title:<br>Pending |   |
| Address (Street Number and Name):<br>1365 East Colorado Blvd.  | City:<br>Pasadena                           | State:<br>CA                        | Zip Code:<br>91106  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:          |   |
|  |   |                                     |   |
| Does this EB-5 commercial enterprise serve as a 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:<br>Landwin J & K, LLC                     |                                   | Industry Category Title:<br>Pending |                    |
| Address (Street Number and Name):<br>227 W. Valley Blvd #308 | City:<br>San Gabriel              | State:<br>CA                        | Zip Code:<br>91776 |
| EB-5 Capital Investment:                                     | Direct and Indirect Job Creation: | Jobs Maintained:<br><b>(b)(4)</b>   |                    |
| (2) Business 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:<br>CB & A Investments, LLC |   | Industry Category Title:<br>Pending         |                    |
| Address (Street Number and Name):<br>227 W. Valley Blvd #308 | City:<br>San Gabriel                        | State:<br>CA                                | Zip Code:<br>91776 |
| Aggregate EB-5 Capital Investment:                           | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br><b>(b)(4)</b> |                    |

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

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

|                                   |                                  |                          |           |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                  | Industry Category Title: |           |
| Address (Street Number and Name): | City:                            | State:<br>AL             | 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:<br>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:<br>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:<br>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)                                 |        |         |

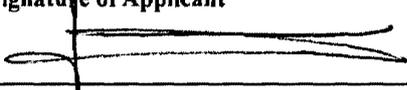
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

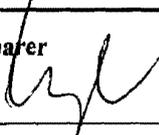
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|   |  |                                      |
|---|--|--------------------------------------|
| <b>Signature of Applicant</b><br>                                  | <b>Printed Name of Applicant</b><br>Jason Chen | <b>Date (mm/dd/yyyy)</b><br>12/23/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>626-576-8000   | <b>E-Mail Address</b><br>info@aarcenter.com    |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Manager and CEO of Aboard America 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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Linda Lau             | <b>Date (mm/dd/yyyy)</b><br>12/23/15              |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro Street, Suite 1<br>South Pasadena, CA91030        |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>linda@globallawgroup.net |

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

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

59-07 2723097-150 038 5326

**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) | [Redacted] | Fax Number (include area code): (214) 691-0026 | Telephone Number (include area code): (214) 762-0123 |
|----------------------------|------------|--|--|

Web site address: [www.polymerwoods.net](http://www.polymerwoods.net)

USCIS-assigned number for the Designated Regional Center (attach the RCW1101850147 / ID1101850147 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:** 820 Industrial Loop Partners Regional Center

Street Address/P.O. Box: 820 Industrial Loop

|  |  |   |
|--|--|---|
| City: Breckenridge   | State: TX                                      | Zip Code: 76424                               |
| Web site Address: <a href="http://www.820industriallooppartners.com">www.820industriallooppartners.com</a> | Fax Number (include area code): (214) 691-0026 | Telephone (include area code): (214) 691-8800 |

**B. Name of Managing Company/Agency:** 820 Industrial Loop Partners, LLC

Street Address/P.O. Box: 820 Industrial Loop

|  |  |   |
|--|--|---|
| City: Breckenridge   | State: TX                                      | Zip Code: 76424                               |
| Web site Address: <a href="http://www.820industriallooppartners.com">www.820industriallooppartners.com</a> | Fax Number (include area code): (214) 691-0026 | Telephone (include area code): (214) 691-8800 |

**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): |

**RCW1535653839**

maginger 1924A 12/22/2015

(b)(4)

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

Answer the following questions for the time period identified in **Part 2** of this form. If you are reporting on more than one item, attach a continuation sheet, indicate the item number, and provide the item number.

1. Identify the aggregate EB-5 capital investment and job creation has been maintained through the regional center. (Note: Separately identify jobs maintained through the regional center.)

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

2. Identify each industry that has been the focus of EB-5 capital investment and job creation. (Note: Separately identify "troubled businesses".)

|   |  |                                      |
|---|--|--------------------------------------|
| a. Industry Category Title:               |  | NAICS Code for the Industry Category |
|   |  | _____                                |
| Aggregate EB-5 Capital Investment:<br>-0- | Aggregate Direct and Indirect Job Creation:<br>-0- | Aggregate Jobs Maintained:<br>-0-    |
| b. Industry Category Title:               |  | NAICS Code for the Industry Category |
|   |  | _____                                |
| Aggregate EB-5 Capital Investment:<br>-0- | Aggregate Direct and Indirect Job Creation:<br>-0- | Aggregate Jobs Maintained:<br>-0-    |
| c. Industry Category Title:               |  | NAICS Code for the Industry Category |
|   |  | _____                                |
| Aggregate EB-5 Capital Investment:<br>-0- | Aggregate Direct and Indirect Job Creation:<br>-0- | Aggregate Jobs Maintained:<br>-0-    |

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:<br>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:<br>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:<br>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:<br>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 |
| [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.)

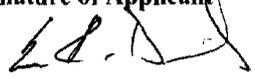
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Evan R. Daniels | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 762-0123  | <b>E-Mail Address</b><br>edaniels@polymerwood.net   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Brian Graham        | <b>Date (mm/dd/yyyy)</b><br>12/21/2015            |
| <b>Firm Name and Address</b><br>K&L Gates LLP<br>2801 Via Fortuna STE 350<br>Austin, Texas USA 78746                |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>512-482-6828   | <b>Fax Number (Area/Country Codes)</b><br>512-482-6859 | <b>E-Mail Address</b><br>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<br>Zheng | First<br>Beidi | Middle |
|---------------------|----------------|--------|

In Care Of: AAA California Regional Center, LLC

Street Address/P.O. Box: 1601 McCarthy Blvd.

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: Milpitas (b)(6) | State: CA | Zip Code: 95053 |
|-----------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (866) 668-1589 | Telephone Number (include area code): (408) 898-2239 |
|----------------------------|--|--|

Web site address: www.aaa-eb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1031910073/ (formerly W09002720)

**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 California Regional Center, LLC

Street Address/P.O. Box: 1601 McCarthy Blvd.

|                                   |  |   |
|-----------------------------------|--|---|
| City: Milpitas                    | State: CA                                      | Zip Code: 95053                               |
| Web site Address: www.aaa-eb5.com | Fax Number (include area code): (866) 668-1589 | Telephone (include area code): (408) 898-2239 |

**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:** You Dong

Street Address/P.O. Box: 1601 McCarthy Blvd.

|                                   |  |   |
|-----------------------------------|--|---|
| City: Milpitas                    | State: CA                                      | Zip Code: 95053                               |
| Web site Address: www.aaa-eb5.com | Fax Number (include area code): (866) 668-1589 | Telephone (include area code): (408) 898-2239 |



**RCW1534953650**

maginger 1924A 12/15/2015

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 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".)

(b)(4)

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

(b)(4)

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>Limited Service Restaurants |   | NAICS Code for the Industry Category<br><u>7</u> <u>2</u> <u>2</u> <u>2</u> <u>1</u> <u>1</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<br>----- |
| 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:<br>1446 Market Street, L.P.  |   | Industry Category Title:<br>Limited Service Restaurants |                    |
| Address (Street Number and Name):<br>20380 Town Center Lane #170   | City:<br>Cupertino                          | State:<br>CA  | Zip Code:<br>95014 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                              |                    |
|  |   |   |                    |
| Does this EB-5 commercial enterprise serve as a 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:<br>United Commercial Development, LLC         |                                   | Industry Category Title:<br>Limited Service Restaurants |                    |
| Address (Street Number and Name):<br>20380 Town Center Lane #170 | City:<br>Cupertino                | State:<br>CA  | Zip Code:<br>95014 |
| 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:<br>Davis Embassy Suites EB-5 Fund, LP |   | Industry Category Title:<br>Construction |                    |
| Address (Street Number and Name):<br>1601 McCarthy Blvd.                | City:<br>Milpitas                           | State:<br>CA                             | Zip Code:<br>95053 |
| 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:<br>Royal Ganesh, LLC                  |                                  | Industry Category Title:<br>Construction |                    |
| Address (Street Number and Name):<br>1111 Richards Blvd. | City:<br>Davis                   | State:<br>CA                             | Zip Code:<br>95616 |
| 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?  No  Yes

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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 |
| [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.)

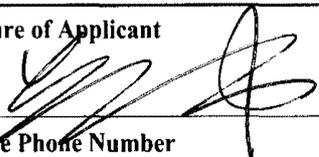
(b)(4)

| 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**.

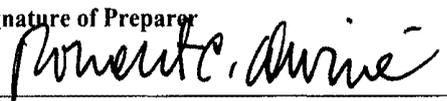
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |                                     |
|--|---|-------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Beidi Zheng | <b>Date (mm/dd/yyyy)</b><br>12/5/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(408) 898-2239  | <b>E-Mail Address</b><br>beidi.zheng@aaacrc.com |                                     |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |  |
|--|--|--|
| <b>Signature of Preparer</b><br>                                      | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>12/10/2015             |
| <b>Firm Name and Address</b><br>Baker, Donelson, Bearman, Caldwell & Berkowitz, PC<br>1900 Republic Centre, 633 Chestnut Street<br>Chattanooga, TN 37450 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416  | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9533 | <b>E-Mail Address</b><br>rdivine@bakerdonelson.com |

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

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

5263

**Part 1. Information About Principal of the Regional Center**

|                    |                |        |
|--------------------|----------------|--------|
| Name: Last<br>Shao | First<br>Cheng | Middle |
|--------------------|----------------|--------|

In Care Of:

Street Address/P.O. Box: 55 W Angela Street, Suite 205

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Pleasanton (b)(6) | State: CA | Zip Code: 94566 |
|-------------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 9252510700 | Telephone Number (include area code): 9257300200 |
|-----------------------------|--|--|

Web site address: acsregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID 1013190079 (December 8, 2011)

**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:** ACSRC, LLC dba "ACS Regional Center"

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 55 W Angela Street, Suite 205 |  |   |
| City: Pleasanton                                       | State: CA                                  | Zip Code: 94566                           |
| Web site Address: acsregionalcenter.com                | Fax Number (include area code): 9252510700 | Telephone (include area code): 9257300200 |

**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): |



**RCW1600454111**  
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 |
|-----------------------------------|--|---------------------------|
| (b)(4)                            | (*) See attached Supplement                | 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>a. Industry Category Title:</b><br>HOTELS (EXCEPT CASINOS) AND MOTELS | NAICS Code for the Industry Category<br>7 2 1 1 0 0 |
|--|---|

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

|  |   |
|--|---|
| <b>b. Industry Category Title:</b><br>COMMERCIAL AND INSTITUTIONAL BUILDING CONSTRUCTION | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
|--|---|

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

|   |   |
|---|---|
| <b>c. Industry Category Title:</b><br>ALL OTHER OUTPATIENT CARE CENTERS | NAICS Code for the Industry Category<br>6 2 1 4 9 8 |
|---|---|

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

|   |                          |  |  |
|---|--------------------------|--|--|
| <b>a. Name of Commercial Enterprise:</b><br>See attached supplement | Industry Category Title: |  |  |
|---|--------------------------|--|--|

|                                   |       |        |           |
|-----------------------------------|-------|--------|-----------|
| Address (Street Number and Name): | City: | State: | Zip Code: |
|                                   |       | MD     | 20006     |

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

Does this EB-5 commercial enterprise 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>See attached Supplement |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b>             | <b>City:</b>                             | <b>State:</b><br>TX             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>                      | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                             |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b>             | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>                      | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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 |
| [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.)

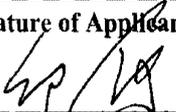
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Cheng Shao    | <b>Date (mm/dd/yyyy)</b><br>22/12/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>9257300200  | <b>E-Mail Address</b><br>sc@acsregionalcenter.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b><br>22/12/2015 |
| <b>Firm Name and Address</b>                        |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>                  |

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<br>Bidasaria | First<br>Gaurav | Middle |
|-------------------------|-----------------|--------|

In Care Of: Veria Regional Center Inc.

Street Address/P.O. Box: Empire State Building, Suite 7240, 350 Fifth Avenue,

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: New York (b)(6) | State: NY | Zip Code: 10118 |
|-----------------------|-----------|-----------------|

|                            |                                 |  |
|----------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (732) 486-2802 |
|----------------------------|---------------------------------|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1407051702/ ID 1407051702

**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: Veria Regional Center Inc.

Street Address/P.O. Box: Empire State Building, Suite 7240, 350 Fifth Avenue

|                   |                                 |   |
|-------------------|---------------------------------|---|
| City: New York    | State: NY                       | Zip Code: 10118                               |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (732) 486-2802 |

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): |



**RCW1600654192**

egarcia2 I924A 12/31/2015

REC'D CSC/500001 16-27

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

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:<br>Construction Capital Expenditures         |   | NAICS Code for the Industry Category<br>2 3 0 0 0 0 |  |
| Aggregate EB-5 Capital Investment:                                       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|  |   |   |  |
| b. Industry Category Title:<br>Professional Services Capital Expenditure |   | NAICS Code for the Industry Category<br>5 4 1 9 A 0 |  |
| Aggregate EB-5 Capital Investment:                                       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|  |   |   |  |
| c. Industry Category Title:<br>Hotel Accommodation Revenues              |   | NAICS Code for the Industry Category<br>7 2 1 1 A 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:<br>Veria Lifestyle Capital LLC   |   | Industry Category Title:<br>230000,5419A0,713940,722000 |   |
| Address (Street Number and Name):<br>Suite 7240, 350 Fifth Av  | City:<br>New York                           | State:<br>NY  | Zip Code:<br>10118  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                              |   |
|  |   |   |   |
| Does this EB-5 commercial enterprise serve as a 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:<br>Veria Lifestyle Inc.                          |                                   | Industry Category Title:<br>23000, 5419A0, 713940, 722000 |                    |
| Address (Street Number and Name):<br>Suite, 7240, 350, Fifth Avenue | City:<br>New York                 | State:<br>NY  | Zip Code:<br>10118 |
| 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:                   | 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 |
| (b)(4)                                 |        |         |

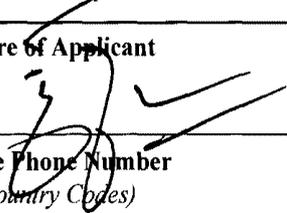
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Gaurav Bidasaria  | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(732) 486-2802  | <b>E-Mail Address</b><br>gaurav.bidasaria@zliving.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

FORM I-924A-001

5338

**Part 1. Information About Principal of the Regional Center**

|                     |                |                   |
|---------------------|----------------|-------------------|
| Name: Last<br>Hurst | First<br>Andre | Middle<br>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) RCW1106250174

**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 General Realty Advisors 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 | Fax Number (include area code): | Telephone (include area code): |
|----------|---------------------------------|--------------------------------|



**RCW1535653822**

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.

- 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)                            |  |                           |

- 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:<br>Accommodation                   |   | NAICS Code for the Industry Category<br>7 2 1     |  |
| Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
| (b)(4)   |   |   |  |
| b. Industry Category Title:<br>Food Services & Drinking Places |   | NAICS Code for the Industry Category<br>7 2 2     |  |
| Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
| (b)(4)   |   |   |  |
| c. Industry Category Title:<br>Retail Trade                    |   | NAICS Code for the Industry Category<br>4 4 - 4 5 |  |
| Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
| (b)(4)   |   |   |  |

- 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:<br><br>(b)(4)   |   | Industry Category Title:  |           |
| Address (Street Number and Name):   | City:                                       | State:<br> | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |   |           |

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

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

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

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

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

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

| 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**.

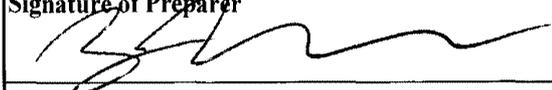
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Andre D. Hurst | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>7608896074  | <b>E-Mail Address</b><br>hurstandre@icloud.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |   |  |
|---|---|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Benjamin L. Meeker | <b>Date (mm/dd/yyyy)</b><br>12/14/2015       |
| <b>Firm Name and Address</b><br>Law Office of Benjamin L. Meeker, P.O. Box 369, Cardiff-by-the-Sea, CA 92007        |   |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>9499406929   | <b>Fax Number (Area/Country Codes)</b><br>7608209040  | <b>E-Mail Address</b><br>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<br>Turco                              | First<br>Jim                                   | Middle   |
| In Care Of:                                      |  |  |
| Street Address/P.O. Box: 2 Park Plaza, Suite 840 |  |  |
| City: Irvine (b)(6)                              | State: CA                                      | Zip Code: 92614                                      |
| Date of Birth (mm/dd/yyyy):                      | Fax Number (include area code): (949) 717-7364 | Telephone Number (include area code): (714) 310-2521 |
| Web site address: www.agrcusa.com                |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) See 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:** American Gateway Regional Centers, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 2 Park Plaza, Suite 840 |  |   |
| City: Irvine                                     | State: CA                                      | Zip Code: 92614                               |
| Web site www.agrcusa.com<br>Address:             | Fax Number (include area code): (949) 717-7364 | Telephone (include area code): (714) 310-2521 |

**B. Name of Managing Company/Agency:** Jim Turco

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 2 Park Plaza, Suite 840 |  |   |
| City: Irvine                                     | State: CA                                      | Zip Code: 92614                               |
| Web site www.agrcusa.com<br>Address:             | Fax Number (include area code): (949) 717-7364 | Telephone (include area code): (714) 310-2521 |

**C. Name of Other Agent:** Margaret Cheng

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 2 Park Plaza, Suite 840 |  |   |
| City: Irvine                                     | State: CA                                      | Zip Code: 92614                               |
| Web site www.agrcusa.com<br>Address:             | Fax Number (include area code): (949) 717-7364 | Telephone (include area code): (714) 310-2521 |



**RCW1536454065**

5263

**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:<br>Construction |   | NAICS Code for the Industry Category<br>2 3 |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                  |
| (b)(4)                                      |   |   |

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>Dormitory |   | NAICS Code for the Industry Category<br>7 2 1 3 1 0 |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| (b)(4)                                   |   |   |

|  |   |   |
|--|---|---|
| c. Industry Category Title:<br>Please see Attachment to I-924A for additional industry |   | NAICS Code for the Industry Category<br>----- |
| 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:<br>The Gaju Forever LLC  |   | Industry Category Title:<br>See attached business plan |   |
| Address (Street Number and Name):<br>1609 W VALLEY BLVD STE 328  | City:<br>Alhambra                           | State:<br>CA   | Zip Code:<br>91803  |
| 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:<br>450 S. Western LLC                   |                                   | Industry Category Title:<br>See attached business plan |                    |
| Address (Street Number and Name):<br>450 S. Western Avenue | City:<br>Los Angeles              | State:<br>CA   | Zip Code:<br>90020 |
| 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:<br>Amgate Investment Fund I, LP |   | Industry Category Title:<br>See attached business plan |                    |
| Address (Street Number and Name):<br>2 PARK PLZ STE 840           | City:<br>Irvine                             | State:<br>CA   | Zip Code:<br>92614 |
| 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:<br>Global Student Housing LLC        |                                  | Industry Category Title:<br>See attached business plan |                    |
| Address (Street Number and Name):<br>2 PARK PLZ STE 840 | City:<br>Irvine                  | State:<br>CA   | Zip Code:<br>92614 |
| 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:<br>1875 N PALM CANYON GATEWAY PARTNERS I, LP |   | Industry Category Title:<br>See attached business plan |                    |
| Address (Street Number and Name):<br>2 PARK PLZ STE 840                        | City:<br>Irvine                             | State:<br>CA   | Zip Code:<br>92614 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |

(b)(4) [Redacted]

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

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

|  |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| (1) Business Name:<br>1875 N. Palm Canyon Partners II, LLC |                                   | Industry Category Title:<br>See attached business plan |                    |
| Address (Street Number and Name):<br>2 PARK PLZ STE 840    | City:<br>Irvine                   | State:<br>CA   | Zip Code:<br>92614 |
| EB-5 Capital Investment:                                   | Direct and Indirect Job Creation: | Jobs Maintained:                                       |                    |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>Global Carte LLC  |   | Industry Category Title:<br>See attached business plan |                    |
| Address (Street Number and Name):<br>20473 VALLEY BLVD | City:<br>Walnut                             | State:<br>CA   | Zip Code:<br>91789 |
| Aggregate EB-5 Capital Investment:                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |

(b)(4)

|            |
|------------|
| [Redacted] |
|------------|

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

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

|  |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| (1) Business Name:<br>San Diego Carte Hotel LP         |                                   | Industry Category Title:<br>See attached business plan |                    |
| Address (Street Number and Name):<br>20473 VALLEY BLVD | City:<br>Walnut                   | State:<br>CA   | Zip Code:<br>91789 |
| 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:         |           |

|  |   |  |                    |
|--|---|--|--------------------|
| e. Name of Commercial Enterprise:<br>La Moda (Gale) EB-5 Investment LP |   | Industry Category Title:<br>See attached business plan |                    |
| Address Street Number and Name:<br>17700 CASTLETON ST #288             | City:<br>City of Industry                   | State:<br>CA   | Zip Code:<br>91748 |
| Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |

(b)(4)

|            |
|------------|
| [Redacted] |
|------------|

Does this EB-5 commercial enterprise 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:<br>Arrow Realty LLC                   |                                   | Industry Category Title:<br>See attached business plan |                    |
| Address (Street Number and Name):<br>18555 FIELDBROOK ST | City:<br>Rowland Heights          | State:<br>CA   | Zip Code:<br>91748 |
| 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**.

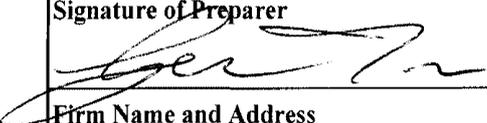
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Jim Turco | <b>Date (mm/dd/yyyy)</b><br>12/28/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(949) 535-0287  | <b>E-Mail Address</b><br>jturco@agrcusa.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>    | <b>Printed Name of Preparer</b><br>Gene Tu               | <b>Date (mm/dd/yyyy)</b><br>12/28/2015     |
| <b>Firm Name and Address</b><br>Chang & Cote LLP, 19138 East Walnut Drive North, Suite 100, Rowland Heights, CA 91748 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 854-2112   | <b>Fax Number (Area/Country Codes)</b><br>(626) 854-2120 | <b>E-Mail Address</b><br>gtu@changcote.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<br>Hobbs | First<br>Robert | Middle |
|---------------------|-----------------|--------|

In Care Of: Yellowstone Montana Regional Center, LLC

Street Address/P.O. Box: 201 W Main Street, Suite 300

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: Missoula (b)(6) | State: MT | Zip Code: 59802 |
|-----------------------|-----------|-----------------|

|                             |                                 |  |
|-----------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): | Telephone Number (include area code): (714) 633-8100 |
|-----------------------------|---------------------------------|--|

Web site address: www.centuryamericanrc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1111050198

**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:** Yellowstone Montana Regional Center, LLC

Street Address/P.O. Box: 201 W Main Street, Suite 300

|                |           |                 |
|----------------|-----------|-----------------|
| City: Missoula | State: MT | Zip Code: 59802 |
|----------------|-----------|-----------------|

|   |                                 |   |
|---|---------------------------------|---|
| Web site Address: www.centuryamericanrc.com | Fax Number (include area code): | Telephone (include area code): (714) 633-8100 |
|---|---------------------------------|---|

**B. Name of Managing Company/Agency:** Yellowstone Montana Regional Center, LLC

Street Address/P.O. Box: 201 W Main Street, Suite 300

|                |           |                 |
|----------------|-----------|-----------------|
| City: Missoula | State: MT | Zip Code: 59802 |
|----------------|-----------|-----------------|

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



**RCW1600654186**

egarcia2 1924A 12/31/2015

REC'D 03/15/2015 15:44  
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<br>----- |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>----- |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>----- |
| 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 the job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |                  |
|-----------------------------------|-----------------------------------|--------------------------|------------------|
| (1) Business Name:                |                                   | Industry Category Title: |                  |
| Address (Street Number and Name): |                                   | City:                    | State: Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: |                          | Jobs Maintained: |
| (2) Business 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 |
| [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<br> | Printed Name of Applicant<br>ROBERT HOBBS | Date (mm/dd/yyyy)<br>12/26/2015 |
| Daytime Phone Number<br>(Area/Country Codes)<br>714 914 2501  | E-Mail Address<br>RHOBBS@RCLOBBS.COM      |                                 |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)<br>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<br>(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**

5326 REC 03/15/2015 19:14

**Part 1. Information About Principal of the Regional Center**

|   |        |   |   |
|---|--------|---|---|
| Name: Last WALTRIP                                |        | First Mark                                      | Middle Allen  |
| In Care Of: WESTGATE ORLANDO REGIONAL CENTER, LLC |        |   |   |
| Street Address/P.O. Box: 5601 Windhover Drive     |        |   |   |
| City: Orlando                                     |        | State: FL                                       | Zip Code: 32819                                       |
| Date of Birth (mm/dd/yyyy)                        | (b)(6) | Fax Number 407-352-8935<br>(include area code): | Telephone Number 407-351-3350<br>(include area code): |
| Web site address: www.westgateresorts.com         |        |   |   |

USCIS-assigned number for the Designated Regional Center (attach the ID 1313351136 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:** WESTGATE ORLANDO REGIONAL CENTER, LLC

|   |   |  |                 |
|---|---|--|-----------------|
| Street Address/P.O. Box: 5601 Windhover Drive |   |  |                 |
| City: Orlando                                 |   | State: FL                                      | Zip Code: 32819 |
| Web site www.westgateorc.com<br>Address:      | Fax Number 407-352-8935<br>(include area code): | Telephone 407-351-3350<br>(include area code): |                 |

**B. Name of Managing Company/Agency:** WESTGATE RESORTS, LTD

|   |   |  |                 |
|---|---|--|-----------------|
| Street Address/P.O. Box: 5601 Windhover Drive |   |  |                 |
| City: Orlando                                 |   | State: FL                                      | Zip Code: 32819 |
| Web site www.westgateresorts.com<br>Address:  | Fax Number 407-352-8935<br>(include area code): | Telephone 407-351-3350<br>(include area code): |                 |

**C. Name of Other Agent:** WESTGATE ASSET MANAGEMENT, LLC

|   |   |  |                 |
|---|---|--|-----------------|
| Street Address/P.O. Box: 5601 Windhover Drive |   |  |                 |
| City: Orlando                                 |   | State: FL                                      | Zip Code: 32819 |
| Web site www.westgateteam.com<br>Address:     | Fax Number 407-352-8935<br>(include area code): | Telephone 407-351-3350<br>(include area code): |                 |



**RCW1534953660**

**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: Offices of Real estate Agents and Brokers        |  | NAICS Code for the Industry Category<br>5 3 1 2 |
| Aggregate EB-5 Capital Investment:<br>0                                      | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                 |
| b. Industry Category Title: Traveler Accomodation                            |  | NAICS Code for the Industry Category<br>7 2 1 1 |
| Aggregate EB-5 Capital Investment:<br>0                                      | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                 |
| c. Industry Category Title: Architectural, Engineering, and Related Services |  | NAICS Code for the Industry Category<br>5 4 1 3 |
| Aggregate EB-5 Capital Investment:<br>0                                      | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                 |

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: Westgate Towncenter 6200, LLC  |  | Industry Category Title: 236116 |                    |
| Address (Street Number and Name):<br>5601 Windhover Drive  | City:<br>Orlando                                 | State:<br>FL                    | Zip Code:<br>32819 |
| Aggregate EB-5 Capital Investment:<br>0  | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>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 |  |                                 |                    |

Form I-924A  
Westgate Orlando Regional Center, LLC  
Continuation  
Page 2, Part 3. Information About the Regional Center

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 "troubled business").

|  |                               |  |  |
|--|-------------------------------|--|--|
| d. Industry Category Title:<br>Drinking Places (Alcoholic Beverage)  |                               | NAICS Code for the Industry Category<br>7224   |  |
| Aggregate EB-5 Capital Investment  | Aggregate Direct and Indirect | Aggregate Jobs Maintained:                     |  |
| [Redacted]   |                               |  |  |
| e. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesalers                            |                               | NAICS Code for the Industry Category<br>4232   |  |
| Aggregate EB-5 Capital Investment  | Aggregate Direct and Indirect | Aggregate Jobs Maintained:                     |  |
| [Redacted]   |                               |  |  |
| f. Industry Category Title:<br>Professional and Commercial Equipment and Supplies Merchant Wholesalers       |                               | NAICS Code for the Industry Category<br>4234   |  |
| Aggregate EB-5 Capital Investment  | Aggregate Direct and Indirect | Aggregate Jobs Maintained:                     |  |
| [Redacted]   |                               |  |  |
| g. Industry Category Title:<br>Household Appliances and Electrical and Electronic Goods Merchant Wholesalers |                               | NAICS Code for the Industry Category<br>4236   |  |
| Aggregate EB-5 Capital Investment  | Aggregate Direct and Indirect | Aggregate Jobs Maintained:                     |  |
| [Redacted]   |                               |  |  |
| h. Industry Category Title:<br>New Multifamily Housing Construction (Except for Sale Builders)               |                               | NAICS Code for the Industry Category<br>236116 |  |
| Aggregate EB-5 Capital Investment  | Aggregate Direct and Indirect | Aggregate Jobs Maintained:                     |  |
| [Redacted]   |                               |  |  |
| i. Industry Category Title:<br>New Multifamily Housing Construction (Except for Sale Builders)               |                               | NAICS Code for the Industry Category<br>236116 |  |
| Aggregate EB-5 Capital Investment  | Aggregate Direct and Indirect | Aggregate Jobs Maintained:                     |  |
| [Redacted]   |                               |  |  |
| j. Industry Category Title:<br>Non Residential Building Construction   |                               | NAICS Code for the Industry Category<br>2362   |  |
| Aggregate EB-5 Capital Investment  | Aggregate Direct and Indirect | Aggregate Jobs Maintained:                     |  |
| [Redacted]   |                               |  |  |

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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 |
| [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.)

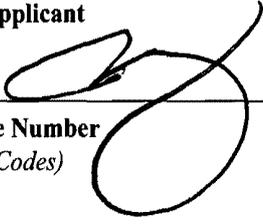
(b)(4)

| 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**.

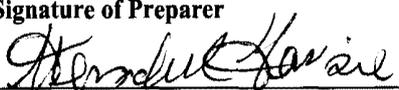
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Mark Allen WALTRIP | <b>Date (mm/dd/yyyy)</b><br>12/10/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>407-581-3160  | <b>E-Mail Address</b><br>mark_waltrip@wresorts.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Principle 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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>             | <b>Printed Name of Preparer</b><br>Herschel Gavsie       | <b>Date (mm/dd/yyyy)</b><br>12/10/2015             |
| <b>Firm Name and Address</b><br>Greenspoon Marder P. A.<br>200 E. Broward Blvd., Ste 1800<br>Fort Lauderdale, Florida USA 33301 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(954) 343-6969   | <b>Fax Number (Area/Country Codes)</b><br>(954) 343-6970 | <b>E-Mail Address</b><br>herschel.gavsie@gmlaw.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<br>Roraback                      | First<br>Chad                                  | Middle   |
| In Care Of: WEST WASHINGTON UNITED, LLC     |  |  |
| Street Address/P.O. Box: 4621 Lacey Blvd SE |  |  |
| City: Lacey (b)(6)                          | State: WA                                      | Zip Code: 98503                                      |
| Date of Birth (mm/dd/yy)                    | Fax Number (include area code): (360) 459-3998 | Telephone Number (include area code): (360) 459-0428 |
| Web site address: www.wwurc.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: West Washington United, LLC (WWU)

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 4621 Lacey Blvd SE |  |   |
| City: Lacey                                 | State: WA                                      | Zip Code: 98503                               |
| Web site Address: www.wwurc.com             | Fax Number (include area code): (360) 459-3998 | Telephone (include area code): (360) 459-0428 |

B. Name of Managing Company/Agent managed by WWU, LLC members

|   |  |                                |
|---|--|--------------------------------|
| Street Address/P.O. Box: 4621 Lacey Blvd SE |  |                                |
| City: Lacey                                 | State: WA                                      | Zip Code: 98503                |
| Web site Address: www.wwurc.com             | Fax Number (include area code): (360) 459-3998 | 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): |



RCW1535553794

RCW 1535553794 0388 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 | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| (b)(4)                            |  | 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:<br>Real Estate                          |   | NAICS Code for the Industry Category<br>5 3 1 1     |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| (b)(4)  |   | N/A   |  |
| b. Industry Category Title:<br>New Multifamily Housing Construction |   | NAICS Code for the Industry Category<br>2 3 6 1 1 6 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| (b)(4)  |   | N/A   |  |
| c. Industry Category Title:<br>Food and Beverage Stores             |   | NAICS Code for the Industry Category<br>4 4 5 2     |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| (b)(4)  |   | 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:<br>123 4th Ave Olympic Limited Partnership   |   | Industry Category Title:<br>Capital Finance |                    |
| Address (Street Number and Name):<br>4621 Lacey Boulevard SE   | City:<br>Lacey                              | State:<br>WA                                | Zip Code:<br>98503 |
| 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? <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:<br>COLUMBIA HEIGHTS PARTNERS, LLC      |                                   | Industry Category Title:<br>Constr. & Property Management |                    |
| Address (Street Number and Name):<br>4621 Lacey Boulevard | City:<br>Lacey                    | State:<br>WA  | Zip Code:<br>98503 |
| EB-5 Capital Investment:<br><b>(b)(4)</b>                 | Direct and Indirect Job Creation: | Jobs Maintained:<br>N/A                                   |                    |

|   |                                   |   |                    |
|---|-----------------------------------|---|--------------------|
| (2) Business Name:<br>COLUMBIA HEIGHTS PARTNERS, LLC      |                                   | Industry Category Title:<br>Constr. & Property Management |                    |
| Address (Street Number and Name):<br>4621 Lacey Boulevard | City:<br>Lacey                    | State:<br>WA  | Zip Code:<br>98503 |
| EB-5 Capital Investment:<br><b>(b)(4)</b>                 | Direct and Indirect Job Creation: | Jobs Maintained:<br>N/A                                   |                    |

|  |   |   |                    |
|--|---|---|--------------------|
| b. Name of Commercial Enterprise:<br>Pacific Village, LLLP |   | Industry Category Title:<br>Capital Finance |                    |
| Address (Street Number and Name):<br>4621 Lacey Blvd SE    | City:<br>Lacey                              | State:<br>WA                                | Zip Code:<br>98503 |
| Aggregate EB-5 Capital Investment:<br><b>(b)(4)</b>        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>Union Mills Pacific Village, LLC  |                                   | Industry Category Title:<br>Construction; Real Estate |                    |
| Address (Street Number and Name):<br>4621 Lacey Blvd SE | City:<br>Lacey                    | State:<br>WA  | Zip Code:<br>98503 |
| EB-5 Capital Investment:<br><b>(b)(4)</b>               | Direct and Indirect Job Creation: | Jobs Maintained:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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 |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br><i>Chad Roraback</i>  | <b>Printed Name of Applicant</b><br>Chad Roraback   | <b>Date (mm/dd/yyyy)</b><br>12/15/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>360-459-0428                             | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |   |
|--|--|---|
| <b>Signature of Preparer</b><br><i>Ava Xiaoqiu Wang</i>  | <b>Printed Name of Preparer</b><br>Ava Xiaoqiu Wang    | <b>Date (mm/dd/yyyy)</b><br>12/17/2015        |
| <b>Firm Name and Address</b><br>Karr Tuttle Campbell<br>701 Fifth Ave, Suite 3300, Seattle, WA 98104 |  |   |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>206-224-8006                           | <b>Fax Number (Area/Country Codes)</b><br>206-682-7100 | <b>E-Mail Address</b><br>awang@karrtuttle.com |

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

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

9591 120301 030 5326

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>LIEBMAN  | First<br>HENRY                                 | Middle<br>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) ID1200450533 (APPROVAL NOTICE 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:** AMERICAN LIFE, INC. REGIONAL CENTER (ALIRC - SEATTLE)

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 270 S. HANFORD ST., STE. 100 |  |   |
| City: SEATTLE   | State: WA                                      | Zip Code: 98134                               |
| Web site WWW.AMLIFE.US<br>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<br>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<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW1535653801**

maginger 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)                            |  | 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:<br>REAL ESTATE DEVELOPMENT AND MANAGEMENT COMPANY |   | NAICS Code for the Industry Category<br>3188 LP:<br>531, 5112, 541, 7115, 453, 512930 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
| (b)(4)  |   | N/A   |
| b. Industry Category Title:   |   | NAICS Code for the Industry Category<br>255 LP:<br>2362, 5411, 5413, 721, 7224, 8129  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
|   |   |   |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>-----   |
| 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:<br>3188 AIRPORT WAY SOUTH LIMITED PARTNERSHIP  |   | Industry Category Title:<br>COMMERCIAL REAL ESTATE |                    |
| Address (Street Number and Name):<br>3188 AIRPORT WAY SOUTH  | City:<br>SEATTLE                                      | State:<br>WA                                       | Zip Code:<br>98134 |
| Aggregate EB-5 Capital Investment:<br>(b)(4)   | Aggregate Direct and Indirect Job Creation:<br>(b)(4) | Aggregate Jobs Maintained:<br>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:<br>AL             | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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:<br>255 SOUTH KING STREET LIMITED PARTNERSHIP |   | Industry Category Title:<br>COMMERCIAL REAL ESTATE/HOTEL |                    |
| Address (Street Number and Name):<br>255 SOUTH KING STREET                     | City:<br>SEATTLE                            | State:<br>WA   | Zip Code:<br>98134 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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?  No  Yes

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

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

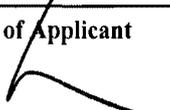
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>                               | <b>Printed Name of Applicant</b><br>HENRY LIEBMAN  | <b>Date (mm/dd/yyyy)</b><br>12/04/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>2063811690   | <b>E-Mail Address</b><br>HENRY@AMERICANLIFEINC.COM |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>WANG | First<br>Hongpeng | Middle |
|--------------------|-------------------|--------|

In Care Of:

Street Address/P.O. Box: 19112 Gridley Road, Suite 215

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: Cerritos (b)(6) | State: CA | Zip Code: 90703 |
|-----------------------|-----------|-----------------|

|                                       |                                 |  |
|---------------------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy) [Redacted] | Fax Number (include area code): | Telephone Number (include area code): (619) 377-6666 |
|---------------------------------------|---------------------------------|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1321251184 / ID1321251184

**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: West Maingate Regional Center, LLC

Street Address/P.O. Box: 19112 Gridley Road, Suite 215

|   |                                     |   |
|---|-------------------------------------|---|
| City: Cerritos                                | State: CA                           | Zip Code: 90703                               |
| Web site http://westmaingate.<br>Address: com | Fax Number (include area code): N/A | Telephone (include area code): (619) 377-6666 |

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

Street Address/P.O. Box:

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

C. Name of Other Agent: N/A

Street Address/P.O. Box:

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



**RCW1536253943**

egarcia2 I924A 12/24/2015

12-01 423051-0000 0000

8338

**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 |
|-----------------------------------|--|---------------------------|
| [REDACTED]                        |  |                           |

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:<br>Traveler Accommodation |   | NAICS Code for the Industry Category<br>7 2 1 1 |
| Aggregate EB-5 Capital Investment:                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [REDACTED]  |   |   |

(b)(4)

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>Restaurants and Other Eating Places |   | NAICS Code for the Industry Category<br>7 2 2 5 |
| Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [REDACTED]   |   |   |

|  |   |   |
|--|---|---|
| c. Industry Category Title:<br>PLEASE CONTINUE ON PAGE 10. |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>Maingate Hospitality Fund LP  |   | Industry Category Title:<br>7211 Traveler Accommodation<br>5311 Lessors of Real Estate |   |
| Address (Street Number and Name):<br>101 W. Valley Blvd  | City:<br>San Gabriel                        | State:<br>CA   | Zip Code:<br>91776  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:   |   |
| [REDACTED]   |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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:<br>Landwin DMV, LLC                  |                                   | Industry Category Title:<br>7211 Traveler Accommodation<br>5311 Lessors of Real Estate |                    |
| Address (Street Number and Name):<br>101 W. Valley Blvd | City:<br>San Gabriel              | State:<br>CA   | Zip Code:<br>91776 |
| EB-5 Capital Investment:                                | Direct and Indirect Job Creation: | Jobs Maintained:   |                    |
|   |                                   |  |                    |
| (2) Business 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:<br>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.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br><i>Hongpeng Wang</i>  | <b>Printed Name of Applicant</b><br>Hongpeng Wang | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(619) 377-6666                            | <b>E-Mail Address</b><br>office@westmaingate.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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? *followed by hard copy please. Tx.*  No  Yes

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br><i>Helyn Lau</i>  | <b>Printed Name of Preparer</b><br>Helyn Lau             | <b>Date (mm/dd/yyyy)</b><br>12/23/2015                |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro Street, Suite 1<br>South Pasadena, CA 91030 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>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<br>Arabikatbi | First<br>Samer | Middle |
|--------------------------|----------------|--------|

In Care Of: American Liberty Alliance

Street Address/P.O. Box: 8707 Research Drive Suite 101

|              |           |                 |
|--------------|-----------|-----------------|
| City: Irvine | State: CA | Zip Code: 92618 |
|--------------|-----------|-----------------|

|                                |                                    |   |
|--------------------------------|------------------------------------|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): | Telephone Number<br>(include area code): (949) 390-2110 |
|--------------------------------|------------------------------------|---|

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1332951300

**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 Liberty Alliance

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: 8707 Research Drive Suite 101 |                                 |   |
| City: Irvine   | State: CA                       | Zip Code: 92618                               |
| Web site Address:                                      | Fax Number (include area code): | Telephone (include area code): (949) 390-2110 |

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): |



**RCW1600454106**

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

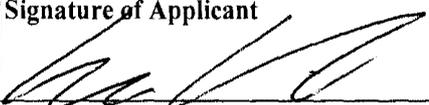
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

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

**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**.

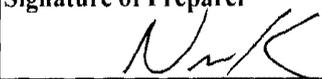
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|   |  |                                 |
|---|--|---------------------------------|
| Signature of Applicant<br> | Printed Name of Applicant<br>Samer Arabikatti  | Date (mm/dd/yyyy)<br>12/28/2015 |
| Daytime Phone Number<br>(Area/Country Codes)<br>949-230-0771  | E-Mail Address<br><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.)<br>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<br> | Printed Name of Preparer<br>Nima Korpiavaara    | Date (mm/dd/yyyy)<br>12/28/2015               |
| Firm Name and Address<br>David Hirson & Partners LLP<br>1122 Bristol St. 1/F<br>Costa Mesa CA 92626          |   |   |
| Daytime Phone Number<br>(Area/Country Codes)<br>419-383-5358   | Fax Number (Area/Country Codes)<br>949-383-5368 | E-Mail Address<br>nimak@hirsonimmigration.com |

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

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

REC'D CSC 15DEC29 21:06  
5233

**Part 1. Information About Principal of the Regional Center**

|                        |               |              |
|------------------------|---------------|--------------|
| Name: Last<br>Jauregui | First<br>Alex | Middle<br>E. |
|------------------------|---------------|--------------|

In Care Of:

Street Address/P.O. Box: 48 Ranger Court

|                            |  |  |
|----------------------------|--|--|
| City: Alamo (b)(6)         | State: CA                                      | Zip Code: 94507                                      |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (925) 362-8590 | Telephone Number (include area code): (925) 362-8593 |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1307251106

**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 International Venture Fund - Oregon LLC

Street Address/P.O. Box: 2336 Table Rock Road

|  |  |   |
|--|--|---|
| City: Medford  | State: OR                                      | Zip Code: 97501                               |
| Web site http://home.comcast.<br>Address: net/~aivfincor/site/ | Fax Number (include area code): (541) 724-6248 | Telephone (include area code): (541) 724-6248 |

**B. Name of Managing Company/Agency:** Alex Jauregui DBA Liberty Investment & Development

Street Address/P.O. Box: 48 Ranger Court

|   |  |   |
|---|--|---|
| City: Alamo   | State: CA                                      | Zip Code: 94507                               |
| Web site Websites being updated<br>Address: - Online again soon | Fax Number (include area code): (541) 772-6248 | Telephone (include area code): (541) 772-6248 |

**C. Name of Other Agent:** Luis Jauregui

Street Address/P.O. Box: 2336 Table Rock Road

|               |  |   |
|---------------|--|---|
| City: Medford | State: OR                                      | Zip Code: 97501                               |
| Web site      | Fax Number (include area code): (541) 772-6248 | Telephone (include area code): (541) 772-6248 |



RCW1536554081

**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:<br>Healthcare,              |   | NAICS Code for the Industry Category<br>6 2 3 3 1 1 |  |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |
| b. Industry Category Title:<br>Recreation & Hospitality |   | NAICS Code for the Industry Category<br>7 2 1 1 1 0 |  |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |
| c. Industry Category Title:<br>Manufacturing            |   | NAICS Code for the Industry Category<br>3 1 2 1 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:<br>Fern Gardens Healthcare Fund 2, LP  |   | Industry Category Title:<br>Healthcare |   |
| Address (Street Number and Name):<br>2336 1/2 Table Rock Road  | City:<br>Medford                            | State:<br>OR                           | Zip Code:<br>97501  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:             |   |
|  |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Fern Gardens Real Property Group 2, LLC |  | <b>Industry Category Title:</b><br>Healthcare |                           |
| <b>Address (Street Number and Name):</b><br>2636 Table Rock Road     | <b>City:</b><br>Medford                  | <b>State:</b><br>OR                           | <b>Zip Code:</b><br>97501 |
| <b>EB-5 Capital Investment:</b>                                      | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                       |                           |
| [Redacted]   |  | [Redacted]                                    |                           |

|  |   |   |                  |
|--|---|---|------------------|
| <b>(2) Business Name</b>                 |   | <b>Industry Category Title:</b><br>Healthcare |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                                  | <b>State:</b><br>OR                           | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>0     | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0                  |                  |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Fern Gardens Healthcare Fund 5 LP |  | <b>Industry Category Title:</b><br>Healthcare |                           |
| <b>Address (Street Number and Name):</b><br>2336 Table Rock Road              | <b>City:</b><br>Medford                            | <b>State:</b><br>OR                           | <b>Zip Code:</b><br>97501 |
| <b>Aggregate EB-5 Capital Investment:</b>                                     | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>             |                           |
| [Redacted]  |  | [Redacted]                                    |                           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>SereneLife-FernGardens Real Property Grp5 |   | <b>Industry Category Title:</b><br>Healthcare |                           |
| <b>Address (Street Number and Name):</b><br>2636 Table Rock Road       | <b>City:</b><br>Medford                 | <b>State:</b><br>OR                           | <b>Zip Code:</b><br>97501 |
| <b>EB-5 Capital Investment</b>   | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                        |                           |
| [Redacted]   |   | [Redacted]                                    |                           |

**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 |
| (b)(4)                                 |        |         |

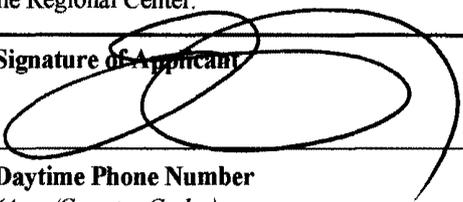
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Alex E. Jauregui | <b>Date (mm/dd/yyyy)</b><br>12/15/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(650) 291-6947  | <b>E-Mail Address</b><br>producerii@sbcglobal.net    |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

REC'D CSC 15DEC28 10:03

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**Part 1. Information About Principal of the Regional Center**

|                      |                  |             |
|----------------------|------------------|-------------|
| Name: Last<br>STEELE | First<br>STEPHEN | Middle<br>M |
|----------------------|------------------|-------------|

In Care Of: USCFID

Street Address/P.O. Box: 1266 W PACES FERRY ROAD, 142

|                      |           |                 |
|----------------------|-----------|-----------------|
| City: ATLANTA (b)(6) | State: GA | Zip Code: 30327 |
|----------------------|-----------|-----------------|

|                            |                                     |  |
|----------------------------|-------------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): N/A | Telephone Number (include area code): (404) 931-2800 |
|----------------------------|-------------------------------------|--|

Web site address: www.uscfid.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1421951844/ID1421951844

**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:** USCFID New York LLC

|   |                                     |   |
|---|-------------------------------------|---|
| Street Address/P.O. Box: 1266 W PACES FERRY RD, 142 |                                     |   |
| City: ATLANTA                                       | State: GA                           | Zip Code: 30327                               |
| Web site Address: www.uscfid.com                    | Fax Number (include area code): N/A | Telephone (include area code): (404) 931-2800 |

**B. Name of Managing Company/Agency:**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State: GA                       | 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): |



**RCW1536454028**

(b)(4)

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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>a. Industry Category Title:</b><br>Commercial Construction | <b>NAICS Code for the Industry Category</b><br>2 3 6 2 2 0 |
|---|--|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
| [Redacted]                                |  |                                   |

|  |  |
|--|--|
| <b>b. Industry Category Title:</b><br>Residential Construction | <b>NAICS Code for the Industry Category</b><br>2 3 6 1 1 5 |
|--|--|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
| [Redacted]                                |  |                                   |

|  |  |
|--|--|
| <b>c. Industry Category Title:</b><br>Fitness & Recreational Sports Center | <b>NAICS Code for the Industry Category</b><br>7 1 3 9 4 0 |
|--|--|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
| [Redacted]                                |  |                                   |

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>a. Name of Commercial Enterprise:</b><br>N/A | <b>Industry Category Title:</b><br>(b)(4) |
|---|---|

|  |              |               |                  |
|--|--------------|---------------|------------------|
| <b>Address (Street Number and Name):</b> | <b>City:</b> | <b>State:</b> | <b>Zip Code:</b> |
|--|--------------|---------------|------------------|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
|---|--|-----------------------------------|

Does this EB-5 commercial enterprise 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.

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b><br>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>(2) Business Name:</b>         |                                   | 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)                                 |        |         |

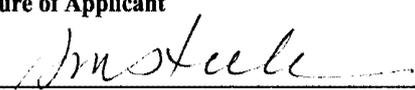
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>USCFIDNewYork LLC/By StephenSteele | <b>Date (mm/dd/yyyy)</b><br>12/15/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(404) 931-2800  | <b>E-Mail Address</b><br>ssteele@uscfid.com                            |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

5326 RED CSC15DEC21 15:15

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>LIEBMAN  | First<br>HENRY                                 | Middle<br>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:** AMERICAN LIFE VENTURES, LLC (ALV-EVERETT)

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 270 S. HANFORD ST., STE 100 |  |   |
| City: SEATTLE  | State: WA                                      | Zip Code: 98134                               |
| Web site WWW. AMLIFE.US<br>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<br>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<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW153553755**

**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:<br>NO ACTIVITIES FY ENDING 2015 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|   |   |   |
| b. Industry Category Title:                                 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|   |   |   |
| c. Industry Category Title:                                 |   | NAICS Code for the Industry Category<br>_____ |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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 |
|  |        |         |

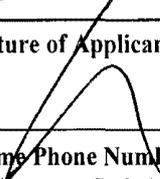
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>                               | <b>Printed Name of Applicant</b><br>HENRY LIEBMAN  | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 381-1690  | <b>E-Mail Address</b><br>HENRY@AMERICANLIFEINC.COM |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

5263

**Part 1. Information About Principal of the Regional Center**

|                        |                 |             |
|------------------------|-----------------|-------------|
| Name: Last<br>MENDIBLE | First<br>RAFAEL | Middle<br>A |
|------------------------|-----------------|-------------|

In Care Of:

Street Address/P.O. Box: 6205 BLUE LAGOON DR STE 130

|                    |           |                 |
|--------------------|-----------|-----------------|
| City: MIAMI (b)(6) | State: FL | Zip Code: 33126 |
|--------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (305) 575-2700 | Telephone Number (include area code): (786) 567-6050 |
|----------------------------|--|--|

Web site address: AMERICANOPPORTUNITY.US

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1034850133

**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 OPPORTUNITY REGIONAL CENTER

Street Address/P.O. Box: 6205 BLUE LAGOON DR STE 130

|  |  |   |
|--|--|---|
| City: MIAMI                              | State: FL                                      | Zip Code: 33126                               |
| Web site Address: AMERICANOPPORTUNITY.US | Fax Number (include area code): (305) 675-2700 | Telephone (include area code): (786) 567-6050 |

**B. Name of Managing Company/Agency:** AMERICAN OPPORTUNITY REGIONAL CENTER LLC

Street Address/P.O. Box: 6205 BLUE LAGOON DR STE 130

|  |  |   |
|--|--|---|
| City: MIAMI                              | State: FL                                      | Zip Code: 33126                               |
| Web site Address: AMERICANOPPORTUNITY.US | Fax Number (include area code): (305) 675-2700 | Telephone (include area code): (786) 567-6050 |

**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): |



RCW1600554162

**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)                            |  | 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:<br>NON-RESIDENTIAL BUILDING CONSTRUCTION |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| (b)(4)   |   | N/A   |

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>RESTAURANTS AND OTHER EATING PLACES |   | NAICS Code for the Industry Category<br>7 2 2 5 |
| Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| (b)(4)   |   | N/A   |

|   |   |   |
|---|---|---|
| c. Industry Category Title:<br>FURNITURE AND FIXTURES AND EQUIPMENT PURCHASES |   | NAICS Code for the Industry Category<br>4 2 3 2 |
| 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:<br>AMERICAN OPPORTUNITY INVESTORS LLLP   |   | Industry Category Title:<br>NON-RESIDENTIAL BUILDING CONSTRUCTION |                    |
| Address (Street Number and Name):<br>6205 BLUE LAGOON DR STE 130   | City:<br>MIAMI                              | State:<br>FL  | Zip Code:<br>33126 |
| 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? <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>(1) Business Name:</b><br>HOSPITALITY DORAL LLC                      |  | <b>Industry Category Title:</b><br>NON-RESIDENTIAL BUILDING CONSTRUCTION |                           |
| <b>Address (Street Number and Name):</b><br>6205 BLUE LAGOON DR STE 130 | <b>City:</b><br>MIAMI                    | <b>State:</b><br>FL  | <b>Zip Code:</b><br>33126 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                               | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>N/A   |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>  |                           |
| <b>Address (Street Number and Name):</b>                                | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>SHRIMP HOUSE FUND I LP      |  | <b>Industry Category Title:</b><br>RESTAURANTS AND OTHER EATING PLACES |                           |
| <b>Address (Street Number and Name):</b><br>4800 N FEDERAL HWY STE 101D | <b>City:</b><br>BOCA RATON                         | <b>State:</b><br>FL  | <b>Zip Code:</b><br>33431 |
| <b>Aggregate EB-5 Capital Investment:</b><br>(b)(4)                     | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                                      |                           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>GREAT SEAFOOD'S PRODUCTS LLC               |  | <b>Industry Category Title:</b><br>RESTAURANTS AND OTHER EATING PLACES |                           |
| <b>Address (Street Number and Name):</b><br>4800 N FEDERAL HWY STE 101D | <b>City:</b><br>BOCA RATON               | <b>State:</b><br>FL  | <b>Zip Code:</b><br>33431 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                               | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>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:<br>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:<br>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:<br>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 |
| [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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>R.A.M.  | <b>Printed Name of Applicant</b><br>RAFAEL A MENDIBLE      | <b>Date (mm/dd/yyyy)</b><br>12/11/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(786) 567-6050  | <b>E-Mail Address</b><br>R.MENDIBLE@AMERICANOPPORTUNITY.US |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>N.K.  | <b>Printed Name of Preparer</b><br>Nima Korpivaara | <b>Date (mm/dd/yyyy)</b><br>12/28/2015               |
| <b>Firm Name and Address</b><br>David Hirson & Partners, LLP<br>8 Cheshire Ct.<br>Newport Beach, CA 92660 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)   | <b>Fax Number (Area/Country Codes)</b>             | <b>E-Mail Address</b><br>nimak@hirsonimmigration.com |

REC'D CSC/ED/016 1000

5338

**Part 1. Information About Principal of the Regional Center**

|                      |                 |                  |
|----------------------|-----------------|------------------|
| Name: Last<br>Miller | First<br>Daniel | Middle<br>Steuer |
|----------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 77 Sands Street, Suite 7028

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: Brooklyn (b)(6) | State: NY | Zip Code: 11201 |
|-----------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 9179792883 | Telephone Number (include area code): 2127970000 |
|----------------------------|--|--|

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

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1033650029

**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:** WestMill Mid-Atlantic Regional Center, LLC

Street Address/P.O. Box: 1519 Connecticut Ave NW, Suite 200

|                  |           |                 |
|------------------|-----------|-----------------|
| City: Washington | State: DC | Zip Code: 20036 |
|------------------|-----------|-----------------|

|  |  |   |
|--|--|---|
| Web site westmillcapital.com<br>Address: | Fax Number (include area code): 2027473982 | Telephone (include area code): 2025840550 |
|--|--|---|

**B. Name of Managing Company/Agency:** WestMill Capital Partners, LLC

Street Address/P.O. Box: 1519 Connecticut Avenue NW, Suite 200

|                  |           |                 |
|------------------|-----------|-----------------|
| City: Washington | State: DC | Zip Code: 20036 |
|------------------|-----------|-----------------|

|  |  |   |
|--|--|---|
| Web site westmillcapital.com<br>Address: | Fax Number (include area code): 2027473982 | Telephone (include area code): 2025840550 |
|--|--|---|

**C. Name of Other Agent:** Benjamin Stayman Miller

Street Address/P.O. Box: 1519 Connecticut Avenue NW, Suite 200

|                  |           |                 |
|------------------|-----------|-----------------|
| City: Washington | State: DC | Zip Code: 20036 |
|------------------|-----------|-----------------|

|  |  |   |
|--|--|---|
| Web site westmillcapital.com<br>Address: | Fax Number (include area code): 2027473982 | Telephone (include area code): 2025840550 |
|--|--|---|



RCW1535053664

**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:<br>Food and Drinking Establishments                 |   | NAICS Code for the Industry Category<br>7 2 2   |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| (b)(4)  |   |   |  |
| b. Industry Category Title:<br>Construction                                     |   | NAICS Code for the Industry Category<br>2 3     |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| (b)(4)  |   |   |  |
| c. Industry Category Title:<br>Architectural, Engineering, and related services |   | NAICS Code for the Industry Category<br>5 4 1 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:<br>Maketto LLC   |   | Industry Category Title:<br>Food and Drinking Establishments |                    |
| Address (Street Number and Name):<br>1351 H Street NE  | City:<br>Washington                         | State:<br>DC   | Zip Code:<br>20002 |
| 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:<br>Bespoke 1337, LLC |   | Industry Category Title:<br>Food and Drinking Establishments |                    |
| Address (Street Number and Name):<br>1337 H Street NE  | City:<br>Washington                         | State:<br>DC   | Zip Code:<br>20002 |
| 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)**

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

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>DCEP Lender I LLC      |  | <b>Industry Category Title:</b><br>Construction & Architectural, Engineer |                           |
| <b>Address (Street Number and Name):</b><br>711 Westchester Avenue | <b>City:</b><br>White Plains                       | <b>State:</b><br>NY   | <b>Zip Code:</b><br>10604 |
| <b>Aggregate EB-5 Capital Investment:</b>                          | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>   |                           |

**(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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>1031 4th Street, LLC                          |  | <b>Industry Category Title:</b><br>Construction & Architectural, Engineer |                           |
| <b>Address (Street Number and Name):</b><br>116 Edwards Ferry Road, Unit E | <b>City:</b><br>Leesburg                 | <b>State:</b><br>VA   | <b>Zip Code:</b><br>20176 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

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

**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.

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

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>Form I-526 Petition Final Case Actions</b> |               |                |
|---|---------------|----------------|
| <b>Approved</b>                               | <b>Denied</b> | <b>Revoked</b> |
| (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.)

| <b>Form I-829 Petition Final Case Actions</b> |               |                |
|---|---------------|----------------|
| <b>Approved</b>                               | <b>Denied</b> | <b>Revoked</b> |
| (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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br><i>Daniel Miller</i>  | <b>Printed Name of Applicant</b><br>Daniel Steuer Miller | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>2127970000  | <b>E-Mail Address</b><br>dmiller@westmillcapital.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

5338  
REC'D CSC 16 JAN 14 20:45  
5338

**Part 1. Information About Principal of the Regional Center**

|                         |               |              |
|-------------------------|---------------|--------------|
| Name: Last<br>Weintraub | First<br>Marc | Middle<br>R. |
|-------------------------|---------------|--------------|

In Care Of: West Virginia Regional Center

Street Address/P.O. Box: 209 Capitol St.

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Charleston (b)(6) | State: WV | Zip Code: 25301 |
|-------------------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (304) 342-1110 | Telephone Number<br>(include area code): (304) 345-6555 |
|-------------------------------|---|---|

Web site address: www.wvregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the  
Regional Center's most recently issued approval notice) RCW1226250763

**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:** West Virginia Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 209 Capitol St.      |   |  |
| City: Charleston                              | State: WV   | Zip Code: 25301                                  |
| Web site<br>Address: www.wvregionalcenter.com | Fax Number<br>(include area code): (304) 342-1110 | Telephone<br>(include area code): (304) 345-6555 |

**B. Name of Managing Company/Agency:**

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

**C. Name of Other Agent:**

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



**RCW1601454220**

egarcia2 1924A 01/14/2016

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Construction |   | NAICS Code for the Industry Category<br>2 3 6 |  |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
| [Redacted]                                  |   |   |  |
| b. Industry Category Title:<br>Real Estate  |   | NAICS Code for the Industry Category<br>5 3 1 |  |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
| [Redacted]                                  |   |   |  |
|   |   | NAICS Code for the Industry Category<br>----- |  |
| 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:<br>Dayton Centre City Partners, LP   |   | Industry Category Title:<br>Construction, Real Estate |   |
| Address (Street Number and Name):<br>44 S. Main St.  | City:<br>Dayton                             | State:<br>OH  | Zip Code:<br>45402  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                            |   |
| [Redacted]   |   |   |   |
| Does this EB-5 commercial 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:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

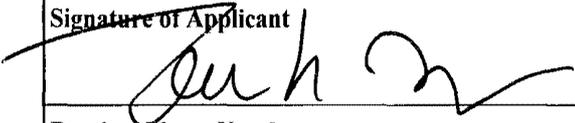
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|   |   |                                       |
|---|---|---------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Marc Weintraub    | <b>Date (mm/dd/yyyy)</b><br>1/11/2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(304) 414-3182   | <b>E-Mail Address</b><br>mweintraub@baileyglasser.com |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

REC'D CSC 15DEC29 21:12

5233

**Part 1. Information About Principal of the Regional Center**

|                       |                  |                  |
|-----------------------|------------------|------------------|
| Name: Last<br>Campion | First<br>Jeffrey | Middle<br>Edmond |
|-----------------------|------------------|------------------|

In Care Of: N/A

Street Address/P.O. Box: 1675 MARKET STREET, SUITE 203

|                     |           |                 |
|---------------------|-----------|-----------------|
| City: Weston (b)(6) | State: FL | Zip Code: 33326 |
|---------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (855) 999-4772 | Telephone Number (include area code): (855) 999-4772 |
|----------------------------|--|--|

Web site address: www.westcoasteb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1400251560

**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: West Coast Regional Center, LLC

Street Address/P.O. Box: 1675 Market Street, Suite 203

|   |  |   |
|---|--|---|
| City: Weston                              | State: FL                                      | Zip Code: 33326                               |
| Web site www.westcoasteb5.com<br>Address: | Fax Number (include area code): (855) 999-4772 | Telephone (include area code): (855) 999-4772 |

B. Name of Managing Company/Agency: Pathways EB-5, Inc.

Street Address/P.O. Box: 1675 Market Street, Suite 203

|  |  |   |
|--|--|---|
| City: Weston                             | State: FL                                      | Zip Code: 33326                               |
| Web site www.pathwayseb5.com<br>Address: | Fax Number (include area code): (855) 999-4772 | Telephone (include area code): (855) 999-4772 |

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): |



RCW1536554070

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.")

(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:<br>Construction*See Attachment |   | NAICS Code for the Industry Category<br>2 3 0 0 0 0 |  |
| Aggregate EB-5 Capital Investment:                         | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|  |   | N/A   |  |
| b. Industry Category Title:<br>Site Work                   |   | NAICS Code for the Industry Category<br>2 3 8 9 0 0 |  |
| 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<br>-----       |  |
| 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:<br>Aichemus SoCal Project, LP  |   | Industry Category Title:<br>Construction |                    |
| Address (Street Number and Name):<br>5141 California Avenue  | City:<br>Irvine                             | State:<br>CA                             | Zip Code:<br>92617 |
| 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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Anaheim Matrix Project, LLC             |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>301-329 S. Marchester Rd | <b>City:</b><br>Anaheim                  | <b>State:</b><br>CA                             | <b>Zip Code:</b><br>92802 |
| <b>EB-5 Capital Investment:</b>                                      | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |
| [REDACTED]   |  | [REDACTED]                                      |                           |
| <b>(2) Business Name:</b>  |  | <b>Industry Category Title:</b>                 |                           |
| <b>Address (Street Number and Name):</b>                             | <b>City:</b>                             | <b>State:</b>                                   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                      | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |

(b)(4)

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment 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.                       |  |                                   |                  |
| <b>(1) Business Name:</b>   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>  | <b>Direct and Indirect Job Creation</b>            | <b>Jobs Maintained</b>            |                  |

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

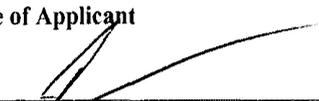
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Jeffrey Campion | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(855) 999-4772  | <b>E-Mail Address</b><br>jrcampion@pathwayseb5.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>Singh | First<br>Parmjit | Middle<br>Daniel |
|---------------------|------------------|------------------|

In Care Of: U.S. Gateway Regional Center, LLC

Street Address/P.O. Box: 16027 Ventura Blvd., Ste. 604

|                     |           |                 |
|---------------------|-----------|-----------------|
| City: Encino (b)(6) | State: CA | Zip Code: 91436 |
|---------------------|-----------|-----------------|

|                                       |  |  |
|---------------------------------------|--|--|
| Date of Birth (mm/dd/yyyy) [Redacted] | Fax Number (include area code): (818) 894-7523 | Telephone Number (include area code): (818) 389-6439 |
|---------------------------------------|--|--|

Web site address: www.usgatewayregionalcenter.org

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1150648

**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.S. Gateway Regional Center, LLC

Street Address/P.O. Box: 16027 Ventura Blvd., Ste. 604

|              |           |                 |
|--------------|-----------|-----------------|
| City: Encino | State: CA | Zip Code: 91436 |
|--------------|-----------|-----------------|

|   |  |   |
|---|--|---|
| Web site usregionalgatewaycente<br>Address: r.org | Fax Number (include area code): (818) 894-7523 | Telephone (include area code): (818) 465-9085 |
|---|--|---|

B. Name of Managing Company/Agency: Landdeveloper Associates, LLC

Street Address/P.O. Box: 16027 Ventura Blvd., Ste. 604

|              |           |                 |
|--------------|-----------|-----------------|
| City: Encino | State: CA | Zip Code: 91436 |
|--------------|-----------|-----------------|

|                   |  |   |
|-------------------|--|---|
| Web site Address: | Fax Number (include area code): (818) 894-7523 | Telephone (include area code): (818) 389-6439 |
|-------------------|--|---|

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



**RCW1608354287**

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: |
| [Redacted]                         |   |                            |

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:<br>Hotels (except casinos) and Motels |   | NAICS Code for the Industry Category<br>7 2 1 1 1 0 |  |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| b. Industry Category Title:                                       |   | NAICS Code for the Industry Category                |  |
|   |   | -----   |  |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| c. Industry Category Title:                                       |   | NAICS Code for the Industry Category                |  |
|   |   | -----   |  |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |

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:<br>Pomona Hampton Inn  |   | Industry Category Title:<br>Hotels (except casinos) and Motels |   |
| Address (Street Number and Name):<br>Gillette  | City:<br>Pomona                             | State:<br>CA   | Zip Code:   |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                     |   |
| [Redacted]   |   |  |   |
| Does this EB-5 commercial 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:<br>Hampton -- Simi Valley |   | Industry Category Title:<br>Hotels (except casinos) and Motels |           |
| Address (Street Number and Name):                           | City:<br>Simi Valley                        | State:<br>CA   | Zip Code: |
| 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:<br>CA             | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|   |   |  |           |
|---|---|--|-----------|
| c. Name of Commercial Enterprise:<br>Courtyard Inn by Marriott -- Calabasas |   | Industry Category Title:<br>Hotels (except casinos) and Motels |           |
| Address (Street Number and Name):   | City:<br>Calabasas                          | State:<br>CA   | Zip Code: |
| 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:<br>Courtyard Inn by Marriott -- Chula Vista   |   | Industry Category Title:   |   |
| Address (Street Number and Name):   | City:<br>Chula Vista                        | State:<br>CA               | Zip Code:   |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |   |
| [REDACTED]  |   |                            |   |
| Does this EB-5 commercial 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:   |   | Industry Category Title:   |   |
| Address Street Number and Name:   | City:                                       | State:                     | Zip Code:   |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |   |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?                                    |   |                            |   |
|   |   |                            | <input 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:         |           |

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)                                 |        |         |
| [Redacted]                             |        |         |

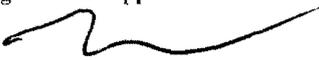
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| (b)(4)                                 |        |         |
| [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**.

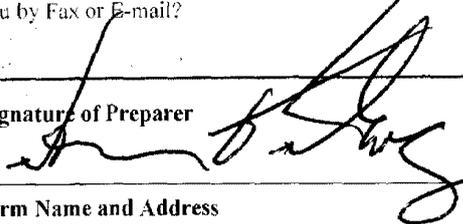
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>     | <b>Printed Name of Applicant</b><br>Parmjit Daniel Singh  | <b>Date (mm/dd/yyyy)</b><br>03/16/2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(818) 389-6439  | <b>E-Mail Address</b><br>Info@USRegionalGatewayCenter.org |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>   | <b>Printed Name of Preparer</b><br>Norman A. Mathews, Esq. | <b>Date (mm/dd/yyyy)</b><br>03/16/2016         |
| <b>Firm Name and Address</b><br>Law Offices of Norman A. Mathews<br>16027 Ventura Blvd., Ste. 604<br>Encino, CA 91436 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 378-5477   | <b>Fax Number (Area/Country Codes)</b><br>(888) 761-0946   | <b>E-Mail Address</b><br>normanusa51@gmail.com |

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

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

RECD CSC15DEC29 17:28  
5233

**Part 1. Information About Principal of the Regional Center**

|                          |                 |        |
|--------------------------|-----------------|--------|
| Name: Last<br>MacFarlane | First<br>Robert | Middle |
|--------------------------|-----------------|--------|

In Care Of:

Street Address/P.O. Box: 2400 First Street, ste 214

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Fort Myers (b)(6) | State: FL | Zip Code: 33901 |
|-------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (914) 560-2111 | Telephone Number (include area code): (239) 362-2592 |
|----------------------------|--|--|

Web site address: americanlibertyeb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1131250348

**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 Liberty Regional Center, LLC

Street Address/P.O. Box: 2400 First Street, ste 214

|                  |           |                 |
|------------------|-----------|-----------------|
| City: Fort Myers | State: FL | Zip Code: 33901 |
|------------------|-----------|-----------------|

|  |                                 |   |
|--|---------------------------------|---|
| Web site Address: americanlibertyeb5.com | Fax Number (include area code): | Telephone (include area code): (239) 362-2592 |
|--|---------------------------------|---|

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

Street Address/P.O. Box: 2400 First Street, ste 214

|                  |           |                 |
|------------------|-----------|-----------------|
| City: Fort Myers | State: FL | Zip Code: 33901 |
|------------------|-----------|-----------------|

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



**RCW1536454060**



**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 investment project (the regional center) for which the information is being provided.



**RCW1536454060**

Aggregate EB-5 Investment Project Name: [Redacted] Garcia2 1924A 12/29/2015

as been the focus of EB-5 capital investments sponsored through investments in "troubled businesses.")

(b)(4)

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| [Redacted]                         | [Redacted]                                  | Not Applicable             |

2. Identify each investment project (aggregate EB-5 investment project) for which the information is being provided.

Investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investments. Identify jobs maintained through investments in "troubled businesses.")

(b)(4)

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

(b)(4)

|                                    |   |
|------------------------------------|---|
| b. Industry Category Title:        | NAICS Code for the Industry Category        |
| Other Specialty Trade Contractors  | 2 3 8 9                                     |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: |
| [Redacted]                         | [Redacted]                                  |
| Aggregate Jobs Maintained:         | N/A   |

(b)(4)

|   |   |
|---|---|
| c. Industry Category Title:                                 | NAICS Code for the Industry Category        |
| Professional and Commercial Equipment and Supplies Merchant | 4 2 3 4                                     |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: |
| [Redacted]  | [Redacted]                                  |
| 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:  | Industry Category Title:                    |                            |           |
| Campo Felice EB-5 Fund LLC   | 52  |                            |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 2400 First Street Ste 214  | Fort Myers                                  | FL                         | 33901     |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| [Redacted]   | [Redacted]                                  | Not Applicable             |           |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>The MacFarlane Group LLC                   |  | <b>Industry Category Title:</b><br>See Part 3, Question 2 |                           |
| <b>Address (Street Number and Name):</b><br>2400 First Street Suite 214 | <b>City:</b><br>Fort Myers               | <b>State:</b><br>FL                                       | <b>Zip Code:</b><br>33901 |
| <b>EB-5 Capital Investment:</b><br>[Redacted]                           | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>Not Applicable                 |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                           |                           |
| <b>Address (Street Number and Name):</b>                                | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                   |                           |

(b)(4)

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment 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.                       |  |                                   |                  |
| <b>(1) Business Name:</b>   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>  | <b>Direct and Indirect Job Creation</b>            | <b>Jobs Maintained</b>            |                  |

**Form I-924A, Supplement to Form I-924**  
**American Liberty Regional Center, LLC (RCW1131250348)**  
**Addendum to Form I-924A**

**Part 3**

(b)(4)

**Question 1**

EB-5 investors filed I-526 petitions based on their investment in Campo Felice EB-5 Fund LLC. We have reported that the aggregate EB-5 capital investment in our original regional center during FY 2015, was . The balance of the investors' capital contribution was released to the NCE during October 2015. At the time of filing this I-924a, the full  in EB-5 capital from  investors has been released to the NCE.

**Question 2**

(a) The economic report submitted with investors' I-526 petitions for the Campo Felice I project utilized the REDYN methodology to calculate job creation. The economic report determined that in the first year  of expenditures on the project would be made in NAICS category 2362. Accordingly, of the total amount that has been transferred to the JCE for job creation to date,  has been allocated to this NAICS category.

(b) The economic report indicates that 10.8% of expenditures for the first year of the project can be attributed to NACIS category 2389. Accordingly, of the total amount transferred to the JCE for job creation to date,  has been allocated to this NACIS category.

According to the USCIS FAQ on completing the I-924A, a regional center that has no approved I-829 petitions should indicate that  jobs have been created on the I-924A form. As such, the form presently indicates . We note that a significant amount of EB-5 funds have been invested through the regional center, and many of those funds have, in fact, resulted in the creation of jobs for U.S. workers.

(c) The full name of NAICS Industry category 4234 is Professional and Commercial Equipment and Supplies Merchant Wholesalers.

(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)**

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

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

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

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

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

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

RCW 1536353996

5338

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>JACKSON  | First<br>Stanley                               | Middle   |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 1800 Martin Luther King Avenue SE, Suite 100  |  |  |
| City: Washington (b)(6)  | State: DC                                      | Zip Code: 20020                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Fax Number (include area code): (202) 889-9508 | Telephone Number (include area code): (202) 889-5100 |
| Web site address: www.anacostiaregionalcenter.net  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | W09000430  |

**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:** Anacostia Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1800 Martin Luther King Avenue SE, Suite 100 |  |   |
| City: Washington  | State: DC                                      | Zip Code: 20020                               |
| Web site anacostiaregionalcente<br>Address: r.net                     | Fax Number (include area code): (202) 889-9508 | Telephone (include area code): (202) 889-5100 |

**B. Name of Managing Company/Agency:** Anacostia Holding Company Inc.

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1800 Martin Luther King Avenue SE, Suite 100 |  |   |
| City: Washington  | State: DC                                      | Zip Code: 20020                               |
| Web site anacostiaregionalcente<br>Address: r.net                     | Fax Number (include area code): (202) 889-9508 | Telephone (include area code): (202) 889-5100 |

**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): |



**RCW1536353996**

**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".)

|   |   |   |
|---|---|---|
| <b>a. Industry Category Title:</b><br>TBD |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|   |   |   |
| <b>b. Industry Category Title:</b><br>TBD |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|   |   |   |
| <b>c. Industry Category Title:</b><br>TBD |   | NAICS Code for the Industry Category<br>_____ |
| 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>a. Name of Commercial Enterprise:</b><br>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?  No  Yes

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

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

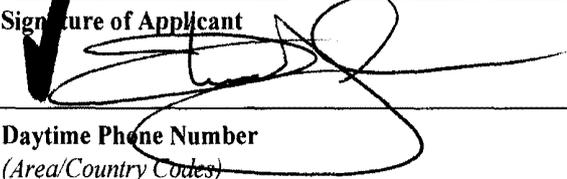
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

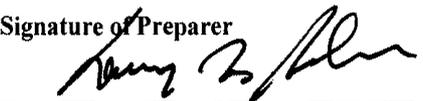
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Stanley Jackson | <b>Date (mm/dd/yyyy)</b><br>12-15-2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 889-5100  | <b>E-Mail Address</b><br>stan@aedc.net              |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Larry J. Behar        | <b>Date (mm/dd/yyyy)</b><br>DEC 17 2015        |
| <b>Firm Name and Address</b><br>Behar Law Group<br>888 SE Third Avenue, Suite 400<br>Fort Lauderdale, FL 33316      |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(954) 524-8888   | <b>Fax Number (Area/Country Codes)</b><br>(954) 524-0088 | <b>E-Mail Address</b><br>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<br>Shurian | First<br>Chris | Middle<br>S |
|-----------------------|----------------|-------------|

In Care Of: Utah Regional Investment Fund, LLC

Street Address/P.O. Box: 1190 Spring Creek Place, Suite B-2

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: Springville (b)(6) | State: UT | Zip Code: 84663 |
|--------------------------|-----------|-----------------|

|                            |                                     |  |
|----------------------------|-------------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): n/a | Telephone Number (include area code): 8018306060 |
|----------------------------|-------------------------------------|--|

Web site address: fundutah.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1123650275/ID 10 319 10009

**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:** Utah Regional Investment Fund, LLC

Street Address/P.O. Box: 1190 Spring Creek Place, Suite B-2

|                   |           |                 |
|-------------------|-----------|-----------------|
| City: Springville | State: UT | Zip Code: 84663 |
|-------------------|-----------|-----------------|

|                                |                                     |   |
|--------------------------------|-------------------------------------|---|
| Web site Address: fundutah.com | Fax Number (include area code): n/a | Telephone (include area code): 8018306060 |
|--------------------------------|-------------------------------------|---|

**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 Address: N/A | 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 Address: N/A | Fax Number (include area code): N/A | Telephone (include area code): N/A |
|-----------------------|-------------------------------------|------------------------------------|



**RCW1534253532**

maginger 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”.)

|        |   |  |   |  |
|--------|---|--|---|--|
| (b)(4) | a. Industry Category Title:<br>Architectural, Engineering and Realated Services |  | NAICS Code for the Industry Category<br>5 4 1 3 |  |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation:        | Aggregate Jobs Maintained:                      |  |
|        |   |  |   |  |
| (b)(4) | b. Industry Category Title:<br>Non-Residential Building Constrcution            |  | NAICS Code for the Industry Category<br>2 3 6 2 |  |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation:        | Aggregate Jobs Maintained:                      |  |
|        |   |  |   |  |
| (b)(4) | c. Industry Category Title:<br>N/A  |  | NAICS Code for the Industry Category<br>_____   |  |
|        | Aggregate EB-5 Capital Investment:<br>N/A                                       | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>Wateres Edge Funding Partners, LP |   | Industry Category Title:<br>Non-Residential Construction |                    |
|  | Address (Street Number and Name):<br>1190 Spring Creek Pl SteB2        | City:<br>Springville                        | State:<br>UT   | Zip Code:<br>84663 |
|  | Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                               |                    |
|  |  |   |  |                    |
| Does this EB-5 commercial enterprise serve as a 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)

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(1) Business Name:</b><br>Waters Edge Properties, LLC      |  | <b>Industry Category Title:</b><br>Non-Residential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>50 Bear Lake Blvd | <b>City:</b><br>Garden City              | <b>State:</b><br>UT <input type="checkbox"/>                             | <b>Zip Code:</b><br>84028 |
| <b>EB-5 Capital Investment:</b>                               | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |
|   |  |  |                           |

(b)(4)

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>(2) Business Name</b><br>Waters Edge Properties, LLC       |  | <b>Industry Category Title:</b><br>Architectural, Engineering and Related |                           |
| <b>Address (Street Number and Name):</b><br>50 Bear Lake Blvd | <b>City:</b><br>Garden City              | <b>State:</b><br>UT <input type="checkbox"/>                              | <b>Zip Code:</b><br>84028 |
| <b>EB-5 Capital Investment:</b>                               | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
|   |  |   |                           |

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

|   |  |   |                         |
|---|--|---|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A             |                         |

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

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A       |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br>NE <input type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A               |                         |

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

|   |   |   |                         |
|---|---|---|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A            |                         |

|   |   |   |                         |
|---|---|---|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A            |                         |

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

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

|   |   |   |                         |
|---|---|---|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A            |                         |

|   |   |   |                         |
|---|---|---|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A            |                         |

|  |   |   |                         |
|--|---|---|-------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address Street Number and Name:</b><br>N/A    | <b>City:</b><br>N/A                                       | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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:<br>N/A                |  | Industry Category Title:<br>N/A    |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:<br><input type="checkbox"/> | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A            |                  |
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A    |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:<br><input type="checkbox"/> | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>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.)

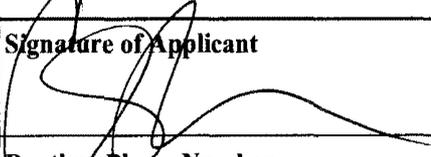
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Chris Shurian | <b>Date (mm/dd/yyyy)</b><br>10/26/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>8018306060  | <b>E-Mail Address</b><br>chris@fundutah.com       |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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?

N/A  
 No     Yes

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

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<br>Lee | First<br>Christine | Middle<br>Lin |
|-------------------|--------------------|---------------|

In Care Of:

Street Address/P.O. Box: 18230 E. Valley Highway #195

|                   |           |                 |
|-------------------|-----------|-----------------|
| City: Kent (b)(6) | State: WA | Zip Code: 98032 |
|-------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 425-251-1900 | Telephone Number (include area code): 425-251-1600 |
|----------------------------|--|--|

Web site address: <http://amwealthlp.com>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1305651094/ID1305651094

**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:** AmWealth, LP

Street Address/P.O. Box: 18230 E. Valley Highway #195

|            |           |                 |
|------------|-----------|-----------------|
| City: Kent | State: WA | Zip Code: 98032 |
|------------|-----------|-----------------|

|  |  |                                      |
|--|--|--------------------------------------|
| Web site <a href="http://amwealthlp.com">http://amwealthlp.com</a><br>Address: | Fax Number (include area code): 425-251-1900 | Telephone (include area code): 98032 |
|--|--|--------------------------------------|

**B. Name of Managing Company/Agency:** Washington Towers Development, LLC

Street Address/P.O. Box: 18230 E. Valley Highway #195

|            |           |                 |
|------------|-----------|-----------------|
| City: Kent | State: WA | Zip Code: 98032 |
|------------|-----------|-----------------|

|                          |  |   |
|--------------------------|--|---|
| Web site n/a<br>Address: | Fax Number (include area code): 425-251-1900 | Telephone (include area code): 425-251-1600 |
|--------------------------|--|---|

**C. Name of Other Agent:** Christine Lin Lee

Street Address/P.O. Box: 18230 E. Valley Highway #195

|            |           |                 |
|------------|-----------|-----------------|
| City: Kent | State: WA | Zip Code: 98032 |
|------------|-----------|-----------------|

|              |  |   |
|--------------|--|---|
| Web site n/a | Fax Number (include area code): 425-251-1900 | Telephone (include area code): 425-251-1600 |
|--------------|--|---|



**RCW1536354003**

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REC'D CSC 15DEC28 1959

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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".)

|   |  |   |  |
|---|--|---|--|
| a. Industry Category Title:<br>Residential Building Construction    |  | NAICS Code for the Industry Category<br>2 3 6 1 |  |
| Aggregate EB-5 Capital Investment:<br>See nonresidential const.     | Aggregate Direct and Indirect Job Creation:<br>See nonresidential const. | Aggregate Jobs Maintained:<br>na                |  |
| b. Industry Category Title:<br>Nonresidential building construction |  | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:<br>(b)(4)                        | Aggregate Direct and Indirect Job Creation:<br>(b)(4)                    | Aggregate Jobs Maintained:<br>na                |  |
| c. Industry Category Title:<br>Architecture and Engineering         |  | NAICS Code for the Industry Category<br>5 4 1 3 |  |
| Aggregate EB-5 Capital Investment:<br>(b)(4)                        | Aggregate Direct and Indirect Job Creation:<br>(b)(4)                    | Aggregate Jobs Maintained:<br>na                |  |

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:<br>WA Towers Apt. Management EB-5, LP (WTAM)   |   | Industry Category Title:<br>Real estate development and management. |                    |
| Address (Street Number and Name):<br>18230 E. Valley Hwy #195  | City:<br>Kent   | State:<br>WA  | Zip Code:<br>98032 |
| Aggregate EB-5 Capital Investment:<br>(b)(4)   | Aggregate Direct and Indirect Job Creation:<br>(b)(4) | Aggregate Jobs Maintained:<br>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.

(b)(4)

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Washington Towers, LP                   |  | <b>Industry Category Title:</b><br>Real estate development and management |                           |
| <b>Address (Street Number and Name):</b><br>18230 E. Valley Hwy #195 | <b>City:</b><br>Kent                                   | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98032 |
| <b>EB-5 Capital Investment:</b><br>[Redacted]                        | <b>Direct and Indirect Job Creation:</b><br>[Redacted] | <b>Jobs Maintained:</b><br>n/a  |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>                             | <b>City:</b>   | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                      | <b>Direct and Indirect Job Creation:</b>               | <b>Jobs Maintained:</b>   |                           |

(b)(4)

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Washington Towers EB-5, LP (WT EB-5) |  | <b>Industry Category Title:</b><br>Real estate development and management |                           |
| <b>Address (Street Number and Name):</b><br>18230 E. Valley Hwy #195             | <b>City:</b><br>Kent   | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98032 |
| <b>Aggregate EB-5 Capital Investment:</b><br>[Redacted]                          | <b>Aggregate Direct and Indirect Job Creation:</b><br>[Redacted] | <b>Aggregate Jobs Maintained:</b><br>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.

(b)(4)

|  |   |   |                           |
|--|---|---|---------------------------|
| <b>(1) Business Name:</b><br>Washington Towers, LP                   |   | <b>Industry Category Title:</b><br>Real estate development and management |                           |
| <b>Address (Street Number and Name):</b><br>18230 E. Valley Hwy #195 | <b>City:</b><br>Kent                                  | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98032 |
| <b>EB-5 Capital Investment</b><br>[Redacted]                         | <b>Direct and Indirect Job Creation</b><br>[Redacted] | <b>Jobs Maintained</b><br>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:<br>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:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

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

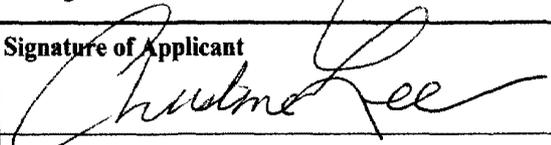
(b)(4)

| 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.

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Christine Lin Lee  | <b>Date (mm/dd/yyyy)</b><br>12/22/15 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>425-251-1600   | <b>E-Mail Address</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (b)(6)                               |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |   |   |
|---|---|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Aaron Michael Streit, Esq. | <b>Date (mm/dd/yyyy)</b><br>12/23/15              |
| <b>Firm Name and Address</b><br>Streit & Su, PLLC<br>11900 NE 1st Street, Suite 300<br>Bellevue, WA 98005           |   |   |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>425-802-6566  | <b>Fax Number (Area/Country Codes)</b>                        | <b>E-Mail Address</b><br>amstreit@streitsulaw.com |

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

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

REC'D CSC 15DEC28 15:24

5233

**Part 1. Information About Principal of the Regional Center**

|                   |                |        |
|-------------------|----------------|--------|
| Name: Last<br>LAU | First<br>Linda | Middle |
|-------------------|----------------|--------|

In Care Of: American Vantage Regional Center

Street Address/P.O. Box: 909 El Centro Street, Suite 1

|                             |           |                 |
|-----------------------------|-----------|-----------------|
| City: South Pasadena (b)(6) | State: CA | Zip Code: 91030 |
|-----------------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): [Redacted] | Fax Number (include area code): 213-830-9930 | Telephone Number (include area code): 213-830-9933 |
|--|--|--|

Web site address: www.americanvantagerc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034350085 / RCID1034350085

**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: American Vantage Regional Center

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 909 El Centro Street, Suite 1 |  |   |
| City: South Pasadena                                   | State: CA                                      | Zip Code: 91030                               |
| Web site www.americanvantagerc.<br>Address: com        | Fax Number (include area code): (213) 830-9930 | Telephone (include area code): (213) 830-9933 |

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): |



**RCW1536454050**

**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)                            | see attachment at p.8-10)                  | 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:<br>Restaurant and Other Eating Places |   | NAICS Code for the Industry Category<br>7 2 2 5 |  |
|        | Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A               |  |
| (b)(4) | b. Industry Category Title:<br>Leasors of Real Estate             |   | NAICS Code for the Industry Category<br>5 3 1 1 |  |
|        | Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A               |  |
| (b)(4) | c. Industry Category Title:<br>Please continue on page 11         |   | NAICS Code for the Industry Category<br>_____   |  |
|        | 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:<br>7 West Main Alhambra, LP |   | Industry Category Title:<br>Please see page 12 |                    |
|  | Address (Street Number and Name):<br>7 West Main Street       | City:<br>Alhambra   | State:<br>CA                                   | Zip Code:<br>91801 |
|  | Aggregate EB-5 Capital Investment:                            | Aggregate Direct and Indirect Job Creation:<br>(see attachment at p.8-10) | Aggregate Jobs Maintained:<br>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:<br>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:<br>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:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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:<br>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)                                 |        |         |

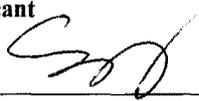
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

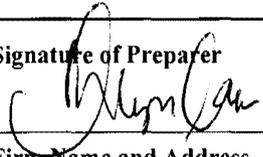
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Ka Lam Sy   | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(909) 802-5473  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Helyn Lau             | <b>Date (mm/dd/yyyy)</b><br>12/23/2015                |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro Street, Suite 1<br>South Pasadena, CA 91030       |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>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<br>Bagley   | First<br>Joshua                 | Middle<br>W                           |
| In Care Of: c/o Frederick Schubert   |                                 |                                       |
| Street Address/P.O. Box: 8777 N. Gainey Center Drive, Suite 236  |                                 |                                       |
| City: Scottsdale (b)(6)  | State: AZ                       | Zip Code: 85258                       |
| Date of Birth (mm/dd/yyyy): [Redacted]   | 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) |                                 | 1229850792                            |

**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 Oil Regional Center

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Street Address/P.O. Box: 8777 N. Gainey Center Drive, Suite 236 |                                 |                                |
| City: Scottsdale  | State: AZ                       | Zip Code: 85258                |
| Web site Address:   | Fax Number (include area code): | Telephone (include area code): |

**B. Name of Managing Company/Agency:** American Oil Group

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Street Address/P.O. Box: 8777 N. Gainey Center Drive, Suite 236 |                                 |                                |
| City: Scottsdale  | State: AZ                       | Zip Code: 85258                |
| 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): |



**RCW1536554100**

egarcia2 1924A 12/29/2015

REC'D CSC 15DEC29 19:40

5233

**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:<br>Non-Residential/Residential Building Construction* |   | NAICS Code for the Industry Category<br>2 3 6 * _ _ _ _ |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                       |
| (b)(4)  |   |   |
| b. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_ _ _ _ _       |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                              |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_ _ _ _ _       |
| 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:<br>RSR State College, LP   |   | Industry Category Title:<br>52    |   |
| Address (Street Number and Name):<br>1325 N Avignon Drive  | City:<br>Gladwyne                           | State:<br>PA                      | Zip Code:<br>19035  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes |

**Form I-924A, Supplement to Form I-924  
American Oil Regional Center (ID1229850792)**

**Addendum to Form I-924A**

**Part 3**

(b)(4)

**Question 1**

Through RSR State College, LP, American Oil Regional Center (“AORC”) accepted [redacted] from EB-5 investors and a total of [redacted] I-526 petitions were filed. During FY 2015, [redacted] was released into the job creating enterprise, Fraser Partners, LLP.

Based on the job calculation method used in the economic impact analysis conducted by Wright Johnson, LLC in April 2015, which was submitted with investors I-526s petitions, AORC has created [redacted] jobs for U.S. workers through the Fraser Centre project. The calculation is shown below:

| NAICS Category         | Eligible spending | RIMS II Multiplier | Total Jobs |
|------------------------|-------------------|--------------------|------------|
| Construction 2361/2362 | [redacted]        | [redacted]         | [redacted] |

**Question 2**

**Residential/Non-Residential Building Construction (NAICS 2361 and 2362)**

Aggregate EB-5 Capital Investment: [redacted]  
 Aggregate direct and indirect job creation: approximately [redacted] See above  
 Aggregate jobs maintained: N/A

**Furniture, Fixtures and Equipment Purchases (NAICS 4232, 4234, and 4236)**

Aggregate EB-5 Capital Investment: [redacted]  
 Aggregate direct and indirect job creation: [redacted]  
 Aggregate jobs maintained: N/A

**Architectural, Engineering and Related Services (NAICS 5413)**

Aggregate EB-5 Capital Investment: [redacted]  
 Aggregate direct and indirect job creation: [redacted]  
 Aggregate jobs maintained: N/A

**Traveler Accommodation (NAICS 7211)**

Aggregate EB-5 Capital Investment: [redacted]  
 Aggregate direct and indirect job creation: [redacted]  
 Aggregate jobs maintained: N/A

(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.

|   |  |                                       |                           |
|---|--|---------------------------------------|---------------------------|
| <b>(1) Business Name:</b><br>Fraser Partners, LLC                     |  | <b>Industry Category Title:</b><br>23 |                           |
| <b>Address (Street Number and Name):</b><br>255 S. 17th St., 20th Fl. | <b>City:</b><br>Philadelphia             | <b>State:</b><br>PA                   | <b>Zip Code:</b><br>19103 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                             | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>N/A        |                           |
| <b>(2) Business Name:</b>   |  | <b>Industry Category Title:</b>       |                           |
| <b>Address (Street Number and Name):</b>                              | <b>City:</b>                             | <b>State:</b>                         | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                       | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>               |                           |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

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

(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.)

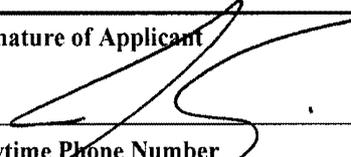
| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| [Redacted]                             |        |         |

(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**.

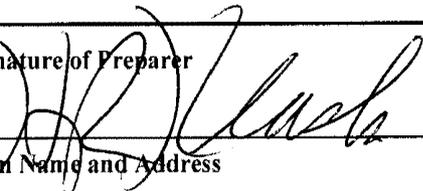
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Joshua W. Bagley (b)(6) | <b>Date (mm/dd/yyyy)</b><br>12/15/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(602) 881-8671  | <b>E-Mail Address</b><br>elise@americanoildevelopment.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>               | <b>Printed Name of Preparer</b><br>H. Ronald Klasko      | <b>Date (mm/dd/yyyy)</b><br>12/28/2015         |
| <b>Firm Name and Address</b><br>Klasko Immigration Law Partners, LLP<br>1601 Market Street, Suite 2600<br>Philadelphia, PA, 19103 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(215) 825-8600   | <b>Fax Number (Area/Country Codes)</b><br>(215) 825-8699 | <b>E-Mail Address</b><br>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<br>McCarthy                                | First<br>Joseph                 | Middle<br>Charlton                                   |
| In Care Of: American Dream Fund, LLC                  |                                 |  |
| Street Address/P.O. Box: 880 Apollo Street, Suite 218 |                                 |  |
| City: El Segundo (b)(6)                               | State: CA                       | Zip Code: 90245                                      |
| Date of Birth (mm/dd/yyyy) [Redacted]                 | Fax Number (include area code): | Telephone Number (include area code): (310) 736-2159 |
| Web site address: www.adreamfund.com                  |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1334351326/ID1334351326

**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 Dream Fund San Francisco Regional Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 880 Apollo Street, Suite 218 |  |   |
| City: El Segundo                                      | State: CA                                      | Zip Code: 90245                               |
| Web site www.adreamfund.com<br>Address:               | Fax Number (include area code): (310) 706-4388 | Telephone (include area code): (310) 736-2159 |

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): |



RCW1536554077

egarcia2 I924A 12/29/2015

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

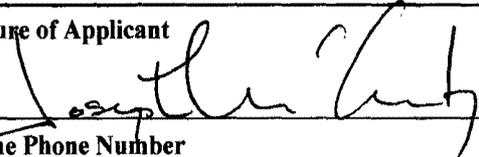
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Joseph McCarthy | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(310) 736-2159  | <b>E-Mail Address</b><br>jmccarthy@adreamfund.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

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5233

**Part 1. Information About Principal of the Regional Center**

|  |   |   |                          |
|--|---|---|--------------------------|
| Name: Last<br><b>DiMauro</b>   |   | First<br><b>Michael</b>                                     | Middle<br><b>Anthony</b> |
| In Care Of: <b>Michael A. DiMauro, PC.</b>                               |   |   |                          |
| Street Address/P.O. Box: <b>159 New Dorp Plaza</b>                       |   |   |                          |
| City: <b>Staten Island</b>   |   | State: <b>NY</b> <input type="checkbox"/>                   | Zip Code: <b>10306</b>   |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): <b>(718) - 351 - 7754</b> | Telephone Number (include area code): <b>(718) 351-7747</b> |                          |
| <div style="border: 1px solid black; width: 100px; height: 30px;"></div> |   |   |                          |
| Web site address: <b>(b)(6)</b>  |   |   |                          |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) **RCW1205950601/RCID 1205950601**

**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 EB-5 Centers, LLC**

|  |   |  |                        |
|--|---|--|------------------------|
| Street Address/P.O. Box: <b>c/o 159 New Dorp Plaza</b> |   |  |                        |
| City: <b>Staten Island</b>                             |   | State: <b>NY</b> <input type="checkbox"/>            | Zip Code: <b>10306</b> |
| Web site Address: <b>N/A</b>                           | Fax Number (include area code): <b>(718) 351-7754</b> | Telephone (include area code): <b>(718) 351-7747</b> |                        |

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



**RCW1536454031**

**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 yet                          |  | →                         |

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:<br><i>No activity to report yet.</i> |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                                      |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                                      |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br><i>No activity to report yet</i>   |   | Industry Category Title:                      |           |
| Address (Street Number and Name):   | City:                                       | State:<br><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:                |                                   | Industry Category Title:           |           |
| Address (Street Number and Name): | City:                             | State:<br><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:<br><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:<br><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:<br><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:<br> | 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:<br> | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |           |

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

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

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

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

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

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

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

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

Does this EB-5 commercial enterprise 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:<br><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:<br><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 |
|  |        |         |

*No activity to report yet.*

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<br><i>Michael A. DiMauro</i>   | Printed Name of Applicant<br>Michael A. DiMauro   | Date (mm/dd/yyyy)<br>12/24/2015 |
| Daytime Phone Number<br>(Area/Country Codes)<br>(718) 351-7747  | E-Mail Address<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                 |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)<br>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<br>(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<br>McCarthy  | First<br>Joseph                 | Middle<br>Charlton                                   |
| In Care Of: American Dream Fund, LLC d/b/a Portland Regional Center |                                 |  |
| Street Address/P.O. Box: 880 Apollo Street, Suite 218               |                                 |  |
| City: El Segundo (b)(6)   | State: CA                       | Zip Code: 90245                                      |
| Date of Birth (mm/dd/yyyy):   | Fax Number (include area code): | Telephone Number (include area code): (310) 736-2159 |
| Web site address: www.adreamfund.com                                |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1031910047

**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 Dream Fund, LLC d/b/a Portland Regional Center

Street Address/P.O. Box: 880 Apollo Street, Suite 218

|                                      |  |   |
|--------------------------------------|--|---|
| City: El Segundo                     | State: CA                                      | Zip Code: 90245                               |
| Web site Address: www.adreamfund.com | Fax Number (include area code): (310) 706-4388 | Telephone (include area code): (310) 736-2159 |

**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:<br>Hotels (except casino hotels) |   | NAICS Code for the Industry Category<br>7 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<br>— — — — —   |
|        | Aggregate EB-5 Capital Investment:                           | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|        |  |   |   |
|        | c. Industry Category Title:                                  |   | NAICS Code for the Industry Category<br>— — — — —   |
|        | 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:<br>EB5 RiverPlace Hotel Investment, LP   |   | Industry Category Title:   |                    |
| Address (Street Number and Name):<br>1308 NW Everett Street  | City:<br>Portland                           | State:                     | Zip Code:<br>97209 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>EB5 Global RiverPlace, LLC   |  | <b>Industry Category Title:</b><br>Hotels (except Casino hotels) |                           |
| <b>Address (Street Number and Name):</b><br>1308 NW Everett Street  | <b>City:</b><br>Portland                 | <b>State:</b>  | <b>Zip Code:</b><br>97209 |
| <b>EB-5 Capital Investment:</b><br><div style="border: 1px solid black; width: 100px; height: 20px;"></div> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                                  |                           |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |

(b)(4)

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

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

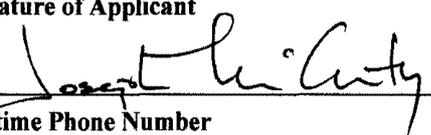
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Joseph McCarthy | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(310) 736-2159  | <b>E-Mail Address</b><br>jmccarthy@adreamfund.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>Roraback                      | First<br>Chad                                  | Middle   |
| In Care Of: WWU Woodinville, LLC            |  |  |
| Street Address/P.O. Box: 4621 Lacey Blvd SE |  |  |
| City: Lacey (b)(6)                          | State: WA                                      | Zip Code: 98503                                      |
| Date of Birth (mm/dd/yyyy) [Redacted]       | Fax Number (include area code): (360) 459-3998 | Telephone Number (include area code): (360) 459-0428 |
| Web site address: www.wwurc.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:** WWU Woodinville, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 4621 Lacey Blvd SE |  |   |
| City: Lacey                                 | State: WA                                      | Zip Code: 98503                               |
| Web site Address: www.wwurc.com             | Fax Number (include area code): (360) 459-3998 | Telephone (include area code): (360) 459-0428 |

**B. Name of Managing Company/Agency:** managed by WWU Woodinville members

|   |  |                                |
|---|--|--------------------------------|
| Street Address/P.O. Box: 4621 Lacey Blvd SE |  |                                |
| City: Lacey                                 | State: WA                                      | Zip Code: 98503                |
| Web site Address: www.wwurc.com             | Fax Number (include area code): (360) 459-3998 | 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): |



RCW1535153721

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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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Nonresidential Bldg. Construction |   | NAICS Code for the Industry Category<br><u>2</u> <u>3</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
| [Redacted]   |   |   |

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>Nursing and Residential Care Facilities |   | NAICS Code for the Industry Category<br><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:  |
| [Redacted]   |   |   |

|   |   |   |
|---|---|---|
| c. Industry Category Title:<br>Home Furnishing Merchant Wholesalers |   | NAICS Code for the Industry Category<br><u>4</u> <u>2</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
| [Redacted]  |   |   |

- 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:<br>Wanbao Senior Housing Oppurtunity Fund II, LLC   |   | Industry Category Title:<br>Capital Finance |                    |
| Address (Street Number and Name):<br>601 Union Street, Ste 4200<br>c/o Zenith Capital | City:<br>Seattle                            | State:<br>WA                                | Zip Code:<br>98101 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                  |                    |
| [Redacted]  |   |   |                    |

Does this EB-5 commercial enterprise 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.

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Covington Assisted Living Community, LLC |  | <b>Industry Category Title:</b><br>Nursing & Residential Care |                           |
| <b>Address (Street Number and Name):</b><br>17006 SE Wax Rd           | <b>City:</b><br>Covington                | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98042 |
| <b>EB-5 Capital Investment:</b>                                       | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                       |                           |
| (b)(4)  |  |   |                           |

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

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

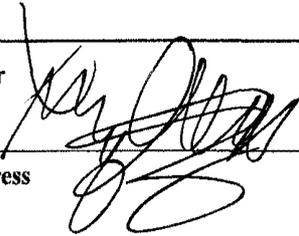
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Chad Roraback   | <b>Date (mm/dd/yyyy)</b><br>12/15/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>360-459-0428  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Ava Xiaoqiu Wang    | <b>Date (mm/dd/yyyy)</b><br>12/16/2015        |
| <b>Firm Name and Address</b><br>Karr Tuttle Campbell<br>701 Fifth Ave, Suite 3300, Seattle, WA 98104                |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>206-224-8006   | <b>Fax Number (Area/Country Codes)</b><br>206-682-7100 | <b>E-Mail Address</b><br>awang@karrtuttle.com |

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

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

REC'D CSC15NOV 6 10:21  
CSC0250

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Andersson  | First<br>Karl                                  | Middle<br>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) [Redacted]  | Fax Number (include area code): (360) 746-8631 | Telephone Number (include area code): (360) 318-6486 |
| Web site address: <a href="http://www.eb5worc.com/">http://www.eb5worc.com/</a>  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | 2014 Receipt RCW1430951956                           |

**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:** Whatcom Opportunities Regional Center, Inc.

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1305 11th Street, Suite 301                   |  |   |
| City: Bellingham   | State: WA                                      | Zip Code: 98225                               |
| Web site <a href="http://www.eb5worc.com/">http://www.eb5worc.com/</a> | 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): |



**RCW1531053421**

**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:<br>Homes for the Elderly |   | NAICS Code for the Industry Category<br>6 2 3 3 0 0 |
| Aggregate EB-5 Capital Investment:                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>n/a                   |
| b. Industry Category Title:<br>n/a                   |   | NAICS Code for the Industry Category<br>_ _ _ _ _   |
| Aggregate EB-5 Capital Investment:                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| c. Industry Category Title:<br>n/a                   |   | NAICS Code for the Industry Category<br>_ _ _ _ _   |
| 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:<br>New WORC III)Development & Management, LLC  |   | Industry Category Title:<br>Homes for the Elderly |                    |
| Address (Street Number and Name):<br>1305 11th Street Suite 301  | City:<br>Bellingham                         | State:<br>WA                                      | Zip Code:<br>98225 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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.

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>(1) Business Name:</b><br>WORC Senior Lifestyle Services             |  | <b>Industry Category Title:</b><br>Home Care/Living Assist. for Elderly |                           |
| <b>Address (Street Number and Name):</b><br>12 Bellwether Way Suite 112 | <b>City:</b><br>Bellingham                                 | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98225 |
| <b>EB-5 Capital Investment:</b><br>See 3(a) above                       | <b>Direct and Indirect Job Creation:</b><br>See 3(a) above | <b>Jobs Maintained:</b><br>n/a  |                           |
| <b>(2) Business Name</b><br>BP Retirement Development, LLC              |  | <b>Industry Category Title:</b><br>Construction of Homes for Elderly    |                           |
| <b>Address (Street Number and Name):</b><br>12 Bellwether Way Suite 112 | <b>City:</b><br>Bellingham                                 | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98225 |
| <b>EB-5 Capital Investment:</b><br>See 3(a) above                       | <b>Direct and Indirect Job Creation:</b><br>See 3(a) above | <b>Jobs Maintained:</b><br>n/a  |                           |

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>New WORC (IV) Development & Management, LLC |  | <b>Industry Category Title:</b><br>Homes for the Elderly |                           |
| <b>Address (Street Number and Name):</b><br>1305 11th Street, Suite 301                 | <b>City:</b><br>Bellingham                         | <b>State:</b><br>WA                                      | <b>Zip Code:</b><br>98225 |
| <b>Aggregate EB-5 Capital Investment:</b>   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b><br>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?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>WORC Senior Lifestyle Services             |   | <b>Industry Category Title:</b><br>Home Care/Living Assist. for Elderly |                           |
| <b>Address (Street Number and Name):</b><br>12 Bellwether Way Suite 112 | <b>City:</b><br>Bellingham                                | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98225 |
| <b>EB-5 Capital Investment</b><br>See 3(b) above                        | <b>Direct and Indirect Job Creation</b><br>See 3(b) above | <b>Jobs Maintained</b><br>n/a   |                           |

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

|   |   |  |                           |
|---|---|--|---------------------------|
| <b>(2) Business Name:</b><br>BP Retirement Development, LLC             |   | <b>Industry Category Title:</b><br>Construction of Homes for Elderly |                           |
| <b>Address (Street Number and Name):</b><br>12 Bellwether Way Suite 112 | <b>City:</b><br>Bellingham                                  | <b>State:</b><br>WA  | <b>Zip Code:</b><br>98225 |
| <b>EB-5 Capital Investment:</b><br>See 3 (b) above                      | <b>Direct and Indirect Job Creation:</b><br>See 3 (b) above | <b>Jobs Maintained:</b><br>n/a                                       |                           |

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>New WORC (V) Development & Management, LLC |  | <b>Industry Category Title:</b><br>Homes for the Elderly |                           |
| <b>Address (Street Number and Name):</b><br>1305 11th Street Suite 301                 | <b>City:</b><br>Bellinham                          | <b>State:</b><br>WA                                      | <b>Zip Code:</b><br>98225 |
| <b>Aggregate EB-5 Capital Investment:</b><br>(b)(4)                                    | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>(1) Business Name:</b><br>WORC Senior Lifestyle Services             |   | <b>Industry Category Title:</b><br>Home Care/Living Assist. for Elderly |                           |
| <b>Address (Street Number and Name):</b><br>12 Bellwether Way Suite 112 | <b>City:</b><br>Bellingham                                  | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98225 |
| <b>EB-5 Capital Investment:</b><br>See 3 (c) above                      | <b>Direct and Indirect Job Creation:</b><br>See 3 (c) above | <b>Jobs Maintained:</b><br>n/a  |                           |

|   |   |  |                           |
|---|---|--|---------------------------|
| <b>(2) Business Name:</b><br>BP Retirement Development, LLC             |   | <b>Industry Category Title:</b><br>Construction of Homes for Elderly |                           |
| <b>Address (Street Number and Name):</b><br>12 Bellwether Way Suite 112 | <b>City:</b><br>Bellingham                                  | <b>State:</b><br>WA  | <b>Zip Code:</b><br>98225 |
| <b>EB-5 Capital Investment:</b><br>See 3 (c) above                      | <b>Direct and Indirect Job Creation:</b><br>See 3 (c) above | <b>Jobs Maintained:</b><br>n/a                                       |                           |

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

|   |  |   |                    |
|---|--|---|--------------------|
| d. Name of Commercial Enterprise:<br>New WORC (VIII) Development & Management LLC                             |  | Industry Category Title:<br>Homes for the Elderly |                    |
| Address (Street Number and Name):<br>1305 11th Street Suite 301   | City:<br>Bellingham  | State:<br>WA                                      | Zip Code:<br>98225 |
| Aggregate EB-5 Capital Investment:<br><div style="background-color: black; width: 100%; height: 15px;"></div> | Aggregate Direct and Indirect Job Creation:<br><div style="background-color: black; width: 100%; height: 15px;"></div> | Aggregate Jobs Maintained:<br>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:<br>WORC Senior Lifestyle Services             |   | Industry Category Title:<br>Home Care/Living Assist. for Elderly |                    |
| Address (Street Number and Name):<br>12 Bellwether Way Suite 112 | City:<br>Bellingham                                 | State:<br>WA   | Zip Code:<br>98225 |
| EB-5 Capital Investment:<br>See 3(d) above                       | Direct and Indirect Job Creation:<br>See 3(d) above | Jobs Maintained:<br>n/a  |                    |

|  |   |   |                    |
|--|---|---|--------------------|
| (2) Business Name:<br>Garden Green Retirement Development, LLC   |   | Industry Category Title:<br>Construction of Homes for the Elderly |                    |
| Address (Street Number and Name):<br>12 Bellwether Way Suite 112 | City:<br>Bellingham                                 | State:<br>WA  | Zip Code:<br>98225 |
| EB-5 Capital Investment:<br>See 3(d) above                       | Direct and Indirect Job Creation:<br>See 3(d) above | Jobs Maintained:<br>n/a   |                    |

|   |   |                            |           |
|---|---|----------------------------|-----------|
| e. Name of Commercial Enterprise:<br>n/a  |   | Industry Category Title:   |           |
| Address Street Number and Name:<br>n/a  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>n/a   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input 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:<br>n/a                |                                   | Industry Category Title: |           |
| Address (Street Number and Name):<br>n/a | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:<br>n/a          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:<br>n/a                |                                   | Industry Category Title: |           |
| Address (Street Number and Name):<br>n/a | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:<br>n/a          | 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)                                 |        |         |

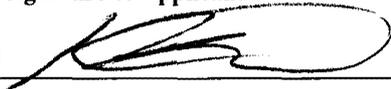
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |                                       |
|--|--|---------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>K. David Andersson | <b>Date (mm/dd/yyyy)</b><br>11/2/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(360) 318-6486  | <b>E-Mail Address</b><br>kda@worc.biz                  |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

**Part 1. Information About Principal of the Regional Center**

|  |   |   |
|--|---|---|
| Name: Last<br>Dexter   | First<br>Glen                                     | Middle<br>Vincent                                       |
| In Care Of: Wisconsin-Illinois EB-5 Regional Center Inc.   |   |   |
| Street Address/P.O. Box: 1200 Old Fairhaven Parkway, Suite 203   |   |   |
| City: Bellingham<br>(b)(6)   | State: WA   | Zip Code: 98225   |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (360) 933-1664 | Telephone Number<br>(include area code): (360) 933-1612 |
| Web site address: NA   |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1120750247 / RC ID1120750247 |   |   |

**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-Illinois EB-5 Regional Center, Inc.

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 1200 Old Fairhaven Parkway, Suite 203 |   |  |
| City: Bellingham   | State: WA   | Zip Code: 98225                                  |
| Web site NA<br>Address:  | Fax Number<br>(include area code): (360) 933-1664 | Telephone<br>(include area code): (360) 933-1612 |

**B. Name of Managing Company/Agency:** First American International Capital, Inc.

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 1200 Old Fairhaven Parkway, Suite 203 |   |  |
| City: Bellingham   | State: WA   | Zip Code: 98225                                  |
| Web site NA<br>Address:  | Fax Number<br>(include area code): (360) 933-1664 | Telephone<br>(include area code): (360) 933-1612 |

**C. Name of Other Agent:**

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

  
**RCW1535753876**  
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REC'D CSC150123 17-02 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 | 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:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| b. Industry Category Title:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| c. Industry Category Title:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A   |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A   | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A  | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

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

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

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

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

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

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

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

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

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

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

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

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

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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 |
| [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.)

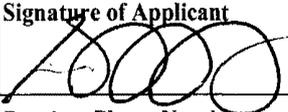
(b)(4)

| 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.

|   |  |                                      |
|---|--|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Glen V. Dexter | <b>Date (mm/dd/yyyy)</b><br>12/18/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(360) 933-1612   | <b>E-Mail Address</b><br>info@tdknowles.com        |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

**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<br>Szu | First<br>Henry | Middle |
|-------------------|----------------|--------|

In Care Of: Anchor Solutions Regional Center, LLC

Street Address/P.O. Box: 1055 W. 7th Floor, 33 FL

|                             |           |                 |
|-----------------------------|-----------|-----------------|
| City: Los Angeles<br>(b)(6) | State: CA | Zip Code: 90017 |
|-----------------------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (626) 943-8612 | Telephone Number<br>(include area code): (626) 354-2165 |
|-------------------------------|---|---|

Web site address: anchorsolutionrc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1424151870

**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: Anchor Solutions Regional Center, LLC

Street Address/P.O. Box: 1055 W. 7th Floor, 33 FL

|                   |           |                 |
|-------------------|-----------|-----------------|
| City: Los Angeles | State: CA | Zip Code: 90017 |
|-------------------|-----------|-----------------|

|  |  |   |
|--|--|---|
| Web site Address: anchorsolutionrc.com | Fax Number (include area code): (626) 943-8612 | Telephone (include area code): (626) 354-2165 |
|--|--|---|

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



**RCW1533753497**

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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 | 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>a. Industry Category Title:</b><br>Construction of Buildings | NAICS Code for the Industry Category<br>2 3 6 |
|---|---|

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

|  |   |
|--|---|
| <b>b. Industry Category Title:</b><br>Traveler Accommodation | NAICS Code for the Industry Category<br>7 2 1 1 |
|--|---|

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

|   |   |
|---|---|
| <b>c. Industry Category Title:</b><br>Food Services and Drinking Places | NAICS Code for the Industry Category<br>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:

|   |        |                                 |
|---|--------|---------------------------------|
| <b>a. Name of Commercial Enterprise:</b><br>N/A | (b)(4) | <b>Industry Category Title:</b> |
|---|--------|---------------------------------|

|  |              |               |                  |
|--|--------------|---------------|------------------|
| <b>Address (Street Number and Name):</b> | <b>City:</b> | <b>State:</b> | <b>Zip Code:</b> |
|  |              |               |                  |

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

Does this EB-5 commercial enterprise 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.

|                                   |                                   |                                |           |
|-----------------------------------|-----------------------------------|--------------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title:       |           |
| Address (Street Number and Name): | City:                             | State:<br><input type="text"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:               |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title:       |           |
| Address (Street Number and Name): | City:                             | State:<br><input type="text"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:               |           |

|   |   |                                |           |
|---|---|--------------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |   | Industry Category Title:       |           |
| Address (Street Number and Name):               | City:                                       | State:<br><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.

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

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

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

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

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

|                                   |                                   |   |           |
|-----------------------------------|-----------------------------------|---|-----------|
| (2) Business Name:                |                                   | Industry Category Title:  |           |
| Address (Street Number and Name): | City:                             | State:<br> | 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:<br>N/A |   | Industry Category Title:           |           |
| Address (Street Number and Name):        | City:                                       | State:<br><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:<br><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:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|  |   |                                    |           |
|--|---|------------------------------------|-----------|
| e. Name of Commercial Enterprise:<br>N/A |   | Industry Category Title:           |           |
| Address Street Number and Name:          | City:                                       | State:<br><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 |
|  |        |         |

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**.

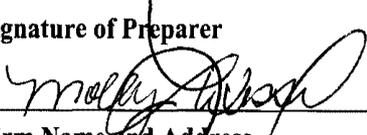
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|   |   |                                      |
|---|---|--------------------------------------|
| <b>Signature of Applicant</b><br>                              | <b>Printed Name of Applicant</b><br>Henry Szu   | <b>Date (mm/dd/yyyy)</b><br>12/01/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 354-2165   | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President of Anchor Solutions 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

|   |   |   |
|---|---|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Molly Wessel | <b>Date (mm/dd/yyyy)</b><br>12/01/2015      |
| <b>Firm Name and Address</b><br>Chen Lin and Wessel LLP<br>790 E. Colorado Blvd., Floor 9<br>Pasadena, CA 91101     |   |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 807-3762   | <b>Fax Number (Area/Country Codes)</b>          | <b>E-Mail Address</b><br>contact@clwllp.com |

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

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

REC'D CSC ISEDC00 16-24

5338

**Part 1. Information About Principal of the Regional Center**

|                      |                       |               |
|----------------------|-----------------------|---------------|
| Name: Last<br>Kodali | First<br>Jagadeeswara | Middle<br>Rao |
|----------------------|-----------------------|---------------|

In Care Of:

Street Address/P.O. Box: 10656 Rue D Azur

|                   |           |                 |
|-------------------|-----------|-----------------|
| City: Reno (b)(6) | State: NV | Zip Code: 89511 |
|-------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (775) 323-1176 | Telephone Number (include area code): (775) 323-1175 |
|-----------------------------|--|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1323251196

**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:** American Renewable Energy Investments Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1755 E. Plumb Lane, Suite 220 |  |   |
| City: Reno   | State: NV                                      | Zip Code: 89502                               |
| Web site www.eb5area.com<br>Address:                   | Fax Number (include area code): (775) 323-1176 | Telephone (include area code): (775) 323-1175 |

**B. Name of Managing Company/Agency:** AREI OM, LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 1755 E. Plumb Lane, Suite 220 |   |  |
| City: Reno   | State: NV   | Zip Code: 89502                                  |
| Web site<br>Address:                                   | Fax Number (775) 323-1176<br>(include area code): | Telephone (775) 323-1175<br>(include area code): |

**C. Name of Other Agent:**

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



RCW1600554151

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:<br>N/A      |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>0 | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0               |
| b. Industry Category Title:<br>N/A      |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>0 | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0               |
| c. Industry Category Title:<br>N/A      |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>0 | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0               |

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:<br>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:<br>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:<br>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:<br>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:<br>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 |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>JAGADEESWARA RAO KODALI   | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>7753231175   | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

RCW1535053672 5338

**Part 1. Information About Principal of the Regional Center**

|                     |                 |        |
|---------------------|-----------------|--------|
| Name: Last<br>Huang | First<br>Justin | Middle |
|---------------------|-----------------|--------|

In Care Of:

Street Address/P.O. Box: 9680 Flair Drive

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

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (626) 444-6698 | Telephone Number (include area code): (626) 444-6668 |
|----------------------------|--|--|

Web site address: www.YKARC.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, \_\_\_\_ (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:** YK America Regional Center

Street Address/P.O. Box: 9680 Flair Drive

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

|                                 |  |   |
|---------------------------------|--|---|
| Web site Address: www.YKARC.com | Fax Number (include area code): (626) 444-6698 | Telephone (include area code): (626) 444-6668 |
|---------------------------------|--|---|

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



**RCW1535053672**

egarcia2 1924A 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 |
|-----------------------------------|--|---------------------------|
|                                   |  | 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:<br>General Merchandise        |   | NAICS Code for the Industry Category<br>4 5 2 9 9   |  |
| Aggregate EB-5 Capital Investment:                        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   | N/A   |  |
| b. Industry Category Title:<br>Limited Service Restaurant |   | NAICS Code for the Industry Category<br>7 2 2 5 1 3 |  |
| 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<br>_____       |  |
| 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:<br>DMP 2   |   | Industry Category Title:<br>General Merchandise |                    |
| Address (Street Number and Name):<br>Woollomes Ave.  | City:<br>Delano                             | State:<br>CA                                    | Zip Code:<br>93215 |
| 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:<br>PRBC 5C              |   | Industry Category Title:<br>General Merchandise |                    |
| Address (Street Number and Name):<br>18 Rancho Camino Dr. | City:<br>Pomona                             | State:<br>CA                                    | Zip Code:<br>91766 |
| Aggregate EB-5 Capital Investment:                        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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          |           |

(b)(4)

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

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

|   |   |   |                    |
|---|---|---|--------------------|
| c. Name of Commercial Enterprise:<br>DMP 1a             |   | Industry Category Title:<br>General Merchandise |                    |
| Address (Street Number and Name):<br>720 Woollomes Ave. | City:<br>Delano                             | State:<br>CA                                    | Zip Code:<br>93215 |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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?  No  Yes

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>DMP 1c |  | Industry Category Title:<br>Limited Service Restaurant |  |
|---|--|--|--|

|  |                 |              |                    |
|--|-----------------|--------------|--------------------|
| Address (Street Number and Name):<br>550 Woollomes Ave | City:<br>Delano | State:<br>CA | Zip Code:<br>93215 |
|--|-----------------|--------------|--------------------|

(b)(4)

|  |   |                            |
|--|---|----------------------------|
| Aggregate EB-5 Capital Investment:<br>[Redacted] | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|--|---|----------------------------|

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

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

|                    |                          |
|--------------------|--------------------------|
| (1) Business Name: | Industry Category Title: |
|--------------------|--------------------------|

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

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

|                    |                          |
|--------------------|--------------------------|
| (2) Business 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>       | <b>Printed Name of Applicant</b><br>Justin Huang | <b>Date (mm/dd/yyyy)</b><br>12/07/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 444-6668  | <b>E-Mail Address</b><br>justinh@ykamerica.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>LIEBMAN | First<br>HENRY | Middle<br>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: AMERICAN LIFE, INC. DEVELOPMENT COMPANY LLC REGIONAL CENTER

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 270 S. HANFORD ST., STE 100 |  |   |
| City: SEATTLE  | State: WA                                      | Zip Code: 98134                               |
| Web site WWW.AMLIFE.US<br>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<br>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<br>Address:     | Fax Number | 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:<br>NO ACTIVITIES FY ENDING 2015 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                                 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                                 |   | NAICS Code for the Industry Category<br>_____ |
| 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.)

| 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.

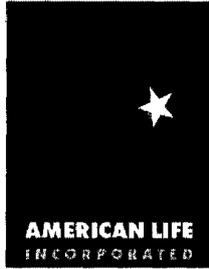
|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>                               | <b>Printed Name of Applicant</b><br>HENRY LIEBMAN  | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 381-1690  | <b>E-Mail Address</b><br>HENRY@AMERICANLIFEINC.COM |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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



*Real Estate Development Company*

November 6, 2015

Re: American Life Development Company, LLC Regional Center  
Regional Center ID - W09001500  
Change of Ownership

To Whom It May Concern:

We would like to notify USCIS of a change of ownership in the American Life Development Company, LLC Regional Center located in Riverside County California. Prior to September 11, 2015, TW Properties Incorporated and American Life, Inc. each owned 50% of the Regional Center. As of September 11, 2015, American Life, Inc. replaced TW Properties Incorporated's interest and is now the sole member of the Regional Center.

The Assignment and Amendment between American Life, Inc. and TW Properties Incorporated is included along with the emails between American Life and USCIS regarding the change of ownership.

Please do not hesitate to contact me with any questions.

Sincerely,

Henry Liebman  
CEO

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

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

REC'D CSC 16JUN 4 15:00  
REC'D CSC 15DEC 29 15:10

5233

**Part 1. Information About Principal of the Regional Center**

|                       |                 |                   |
|-----------------------|-----------------|-------------------|
| Name: Last<br>Darling | First<br>Ronald | Middle<br>Everett |
|-----------------------|-----------------|-------------------|

In Care Of: American Redevelopment Solutions, LLC dba American Redevelopment Regional Center

Street Address/P.O. Box: 19200 Von Karman Avenue, Suite 750

|              |        |           |                 |
|--------------|--------|-----------|-----------------|
| City: Irvine | (b)(6) | State: CA | Zip Code: 92612 |
|--------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (714) 384-4251 | Telephone Number<br>(include area code): (714) 918-4901 |
|-------------------------------|---|---|

Web site address: www.arregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1136350456/ ID 1031910091

**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 Redevelopment Regional Center

Street Address/P.O. Box: 19200 Von Karman Avenue, Suite 750

|   |   |  |
|---|---|--|
| City: Irvine                                  | State: CA   | Zip Code: 92612                                  |
| Web site<br>Address: www.arregionalcenter.com | Fax Number<br>(include area code): (714) 384-4251 | Telephone<br>(include area code): (714) 918-4901 |

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

Street Address/P.O. Box:

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

C. Name of Other Agent: N/A

Street Address/P.O. Box:

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



**RCW1600554146**

**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)                            | See att. at p.8 to 21)                     | 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:<br>Other Professional, Scientific, and Technical Services |   | NAICS Code for the Industry Category<br>5 4 1 9 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| (b)(4)  | See att. at p.8 to 21 )                     | N/A   |

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>Offices of Physicians |   | NAICS Code for the Industry Category<br>6 2 1 1 |
| Aggregate EB-5 Capital Investment:                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| (b)(4)   | See att. at p.8 to 21)                      | N/A   |

|  |   |   |
|--|---|---|
| c. Industry Category Title:<br>Continue on page 22 to 27 |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>Redevelopment Opportunities I, LP   |   | Industry Category Title:<br>see attachment at p.28 |   |
| Address (Street Number and Name):<br>41516 Kalmia Street   | City:<br>Murrieta                           | State:<br>CA                                       | Zip Code:<br>92562  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                         |   |
| (b)(4)   | See att. at p.8-10 )                        | 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>b.</b> Name of Commercial Enterprise: |   | Industry Category Title:       |           |
| World Financial Center LP                |   | Professional Office Facilities |           |
| Address (Street Number and Name):        | City:                                       | State:                         | Zip Code: |
| 19112 Gridley Road                       | Cerritos                                    | CA                             | 90703     |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:     |           |
| <b>(b)(4)</b>                            | see att. at p.10-11)                        | 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          |          |

**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:<br>Sec Euclid and Hold Ave Property, LP |  | Industry Category Title:<br>Medical Office Facilities |                    |
| Address (Street Number and Name):<br>150 East Holt Ave                    | City:<br>Ontario   | State:<br>CA  | Zip Code:<br>91762 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation:<br>(see att. at p.11 ) | Aggregate Jobs Maintained:<br>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?  No  Yes

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>Aone Development LP |   | Industry Category Title:<br>Professional Office Facilities |                    |
| Address (Street Number and Name):<br>26770 Ynez Court    | City:<br>Temecula                           | State:<br>CA   | Zip Code:<br>92591 |
| Aggregate EB-5 Capital Investment:                       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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?  No  Yes

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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:<br>info on add. enterprises continue on p28-35 |   | Industry Category Title:   |           |
| Address Street Number and Name:  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise 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)                                 |        |         |

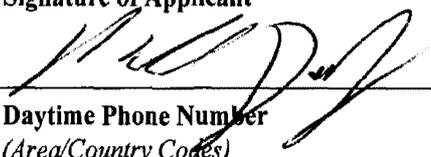
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

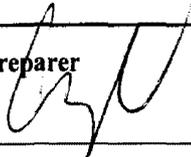
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Ronald Everett DARLING | <b>Date (mm/dd/yyyy)</b><br>12/29/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(714) 918-4901  | <b>E-Mail Address</b><br>admin@arregionalcenter.com        |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br>   | <b>Printed Name of Preparer</b><br>Linda LAU             | <b>Date (mm/dd/yyyy)</b><br>12/29/15              |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro Street, Suite 1<br>South Pasadena, California 91030 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>linda@globallawgroup.net |

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

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

REC'D CSC/ENR/25 10:43 5338

**Part 1. Information About Principal of the Regional Center**

|                      |                  |               |
|----------------------|------------------|---------------|
| Name: Last<br>Mattox | First<br>Michael | Middle<br>Lee |
|----------------------|------------------|---------------|

In Care Of: Access The USA LLC dba Washington Regional Center

Street Address/P.O. Box: 673 Woodland Square Loop SE Suite 320

|                    |           |                 |
|--------------------|-----------|-----------------|
| City: Lacey (b)(6) | State: WA | Zip Code: 98503 |
|--------------------|-----------|-----------------|

|                                       |                                 |  |
|---------------------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy) [Redacted] | Fax Number (include area code): | Telephone Number (include area code): (206) 792-7575 |
|---------------------------------------|---------------------------------|--|

Web site address: www.accesstheusa.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1031910020

**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 Regional Center

Street Address/P.O. Box: 673 Woodland Square Loop SE Suite 320

|   |                                 |   |
|---|---------------------------------|---|
| City: Lacey                               | State: WA                       | Zip Code: 98503                               |
| Web site www.accesstheusa.com<br>Address: | Fax Number (include area code): | Telephone (include area code): (206) 792-7575 |

**B. Name of Managing Company/Agency:** Access The USA LLC

Street Address/P.O. Box: 673 Woodland Square Loop SE Suite 320

|   |                                 |   |
|---|---------------------------------|---|
| City: Lacey                               | State: WA                       | Zip Code: 98503                               |
| Web site www.accesstheusa.com<br>Address: | Fax Number (include area code): | Telephone (include area code): (206) 792-7575 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

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



**RCW1532953477**

egarcia2 1924A 11/25/2015

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Highway, Street, and Bridge Construction |   | NAICS Code for the Industry Category<br>2 3 7 3 1 0 |  |
| Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| 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:<br>520 Bridge Replacement Fund I, LP   |   | Industry Category Title:<br>Highway, Street, and Bridge Construction |   |
| Address (Street Number and Name):<br>673 Woodland Sq LP SE #320  | City:<br>LACEY                              | State:<br>WA   | Zip Code:<br>98503  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:   |   |
| [Redacted]   |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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:<br>State of WA Department of Transportation |                                   | Industry Category Title:<br>Highway, Street, Bridge Construction |                    |
| Address (Street Number and Name):<br>310 Maple Park Ave SE     | City:<br>Olympia                  | State:<br>WA   | Zip Code:<br>98504 |
| EB-5 Capital Investment:                                       | Direct and Indirect Job Creation: | Jobs Maintained:   |                    |
|  |                                   |  |                    |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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:<br>Premier 520 Bridge Replacement Fund I, LP |   | Industry Category Title:<br>Highway, Street, Bridge Construction |                    |
| Address (Street Number and Name):<br>673 Woodland Sq LP SE #320                | City:<br>LACEY                              | State:<br>WA   | Zip Code:<br>98503 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                       |                    |
|  |   |  |                    |

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

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

|  |                                  |  |                    |
|--|----------------------------------|--|--------------------|
| (1) Business Name:<br>State of WA Department of Transportation |                                  | Industry Category Title:<br>Highway, Street, Bridge Construction |                    |
| Address (Street Number and Name):<br>310 Maple Park Ave SE     | City:<br>OLYMPIA                 | State:<br>WA   | Zip Code:<br>98504 |
| 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 |
| [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.)

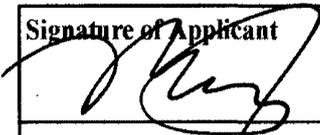
(b)(4)

| 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**.

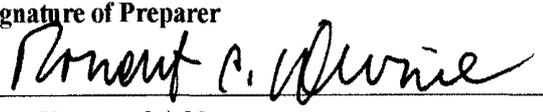
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Michael Mattox | <b>Date (mm/dd/yyyy)</b><br>11/04/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 792-7575   | <b>E-Mail Address</b><br>mike@accesstheusa.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |  |
|--|--|--|
| <b>Signature of Preparer</b><br>                                      | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>11/24/2015             |
| <b>Firm Name and Address</b><br>Baker, Donelson, Bearman, Caldwell & Berkowitz, PC<br>1800 Republic Centre; 633 Chestnut Street<br>Chattanooga, TN 37450 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416  | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9533 | <b>E-Mail Address</b><br>rdivine@bakerdonelson.com |

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

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

FORM I-924A (03/18/15) 8338

**Part 1. Information About Principal of the Regional Center**

|   |                                    |   |                 |
|---|------------------------------------|---|-----------------|
| Name: Last<br>ZHANG   |                                    | First<br>Paul   | Middle          |
| In Care Of:   |                                    |   |                 |
| Street Address/P.O. Box: 55 Vernal Spring   |                                    |   |                 |
| City: Irvine  |                                    | State: CA   | Zip Code: 92603 |
| Date of Birth<br>(mm/dd/yyyy):  | Fax Number<br>(include area code): | Telephone Number<br>(include area code): (844) 937-4655 |                 |
| Web site address:   |                                    |   |                 |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1414251762/ID1414251762 |                                    |   |                 |

**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:** WDS Media Regional Center, Inc.

|   |                                    |  |                 |
|---|------------------------------------|--|-----------------|
| Street Address/P.O. Box: 55 Vernal Spring |                                    |  |                 |
| City: Irvine                              |                                    | State: CA  | Zip Code: 92603 |
| Web site Address:                         | Fax Number<br>(include area code): | Telephone<br>(include area code): (844) 937-4655 |                 |

**B. Name of Managing Company/Agency:** WDS Capital LLC

|   |                                    |                                    |                 |
|---|------------------------------------|------------------------------------|-----------------|
| Street Address/P.O. Box: 6789 Quail Hill Parkway, Suite 431 |                                    |                                    |                 |
| City: Irvine  |                                    | State: CA <input type="checkbox"/> | Zip Code: 92603 |
| Web site Address:   | Fax Number<br>(include area code): | Telephone<br>(include area code):  |                 |

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

|                              |  |                                   |               |
|------------------------------|--|-----------------------------------|---------------|
| Street Address/P.O. Box: N/A |  |                                   |               |
| City: N/A                    |  | State: <input type="checkbox"/>   | Zip Code: N/A |
| Web site N/A                 | Fax Number<br>(include area code): N/A | Telephone<br>(include area code): |               |



**RCW1601154218**

egarcia2 I924A 01/11/2016

(b)(4)

**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:<br>Nonresidential Building Construction             |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|   |   |   |
| b. Industry Category Title:<br>Office of Real Estate Agents and Brokers         |   | NAICS Code for the Industry Category<br>5 3 1 2 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|   |   |   |
| c. Industry Category Title:<br>Architectural, Engineering, and Related Services |   | NAICS Code for the Industry Category<br>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:<br>N/A  |   | Industry Category Title:<br>N/A    |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A  | State:                             | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>0.00  | Aggregate Direct and Indirect Job Creation:<br>0.00 | Aggregate Jobs Maintained:<br>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.

|  |   |                                 |                  |
|--|---|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |   | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                              | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>0.00         | Direct and Indirect Job Creation:<br>0.00 | Jobs Maintained:<br>0.00        |                  |
| <b>(2) Business Name</b><br>N/A          |   | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                              | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>0.00         | Direct and Indirect Job Creation:<br>0.00 | Jobs Maintained:<br>0.00        |                  |

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

|  |  |                                 |                 |
|--|--|---------------------------------|-----------------|
| <b>(1) Business Name:</b><br>N/A         |  | Industry Category Title:<br>N/A |                 |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code<br>N/A |
| EB-5 Capital Investment<br>0.00          | Direct and Indirect Job Creation<br>0.00 | Jobs Maintained<br>0.00         |                 |

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

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

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

|  |   |                                 |                  |
|--|---|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |   | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                              | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>0.00         | Direct and Indirect Job Creation:<br>0.00 | Jobs Maintained:<br>0.00        |                  |

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

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

|  |  |   |                         |
|--|--|---|-------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |  | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A  | <b>State:</b>                             | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>0.00  | <b>Aggregate Direct and Indirect Job Creation:</b><br>0.00 | <b>Aggregate Jobs Maintained:</b><br>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<br>If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A   |  | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A  | <b>State:</b>                             | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>0.00  | <b>Direct and Indirect Job Creation:</b><br>0.00           | <b>Jobs Maintained:</b><br>0.00           |                         |
| <b>(2) Business Name:</b><br>N/A   |  | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A  | <b>State:</b>                             | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>0.00  | <b>Direct and Indirect Job Creation:</b><br>0.00           | <b>Jobs Maintained:</b><br>0.00           |                         |
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |  | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address Street Number and Name:</b><br>N/A  | <b>City:</b><br>N/A  | <b>State:</b>                             | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>0.00  | <b>Aggregate Direct and Indirect Job Creation:</b><br>0.00 | <b>Aggregate Jobs Maintained:</b><br>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:<br>N/A                |   | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                              | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>0.00         | Direct and Indirect Job Creation:<br>0.00 | Jobs Maintained:<br>0.00        |                  |
| (2) Business Name:<br>N/A                |   | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                              | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>0.00         | Direct and Indirect Job Creation:<br>0.00 | Jobs Maintained:<br>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.)

(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**.

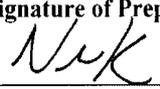
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Paul Zhang       | <b>Date (mm/dd/yyyy)</b><br>01/05/2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(844) 937-4655  | <b>E-Mail Address</b><br>paul.zhang@wdshollywood.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Nima Korpivaara       | <b>Date (mm/dd/yyyy)</b><br>1/9/2016                 |
| <b>Firm Name and Address</b><br>David Hirson & Partners, LLP<br>19772 MacArthur Blvd., Ste 220<br>Irvine, CA 92612  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(949) 383-5358   | <b>Fax Number (Area/Country Codes)</b><br>(949) 383-5368 | <b>E-Mail Address</b><br>nimak@hirsonimmigration.com |

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

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

REC'D CSC 15DEC29 15:12

5233

**Part 1. Information About Principal of the Regional Center**

|                   |                     |        |
|-------------------|---------------------|--------|
| Name: Last<br>Liu | First<br>Frank M.K. | Middle |
|-------------------|---------------------|--------|

In Care Of: Texas Regional Fortune Center

Street Address/P.O. Box: 1520 Oliver Street

|                      |           |                 |
|----------------------|-----------|-----------------|
| City: Houston (b)(6) | State: TX | Zip Code: 77007 |
|----------------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (832) 553-5920 | Telephone Number<br>(include area code): (713) 964-8111 |
|-------------------------------|---|---|

Web site address: <http://txregionalfortunecenter.com/en/>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1213750656/ID1213750656

**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: Texas Regional Fortune Center

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 1520 Oliver Street  |   |  |
| City: Houston  | State: TX   | Zip Code: 77007                                  |
| Web site <a href="http://www.txregionalfortunecenter.com">http://www.txregionalfortunecenter.com</a> | Fax Number<br>(include area code): (832) 553-5920 | Telephone<br>(include area code): (713) 964-8111 |

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

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 1520 Oliver Street  |   |  |
| City: Houston  | State: TX   | Zip Code: 77007                                  |
| Web site <a href="http://txregionalfortunecenter.com">http://txregionalfortunecenter.com</a> | Fax Number<br>(include area code): (832) 553-5920 | Telephone<br>(include area code): (713) 964-8111 |

C. Name of Other Agent:

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



**RCW1600554169**

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.")

(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:<br>Residential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 1 |  |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|  |   |   |  |

(b)(4)

|   |   |   |  |
|---|---|---|--|
| b. Industry Category Title:<br>Nonresidential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 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<br>_____ |  |
| 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:<br>Urban Houston Lenders, L.L.C.   |   | Industry Category Title:<br>Construction |   |
| Address (Street Number and Name):<br>1520 Oliver Street  | City:<br>Houston                            | State:<br>TX                             | Zip Code:<br>77007  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:               |   |
|  |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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:<br>5177 Builders, LTD.               |  | Industry Category Title:<br>Construction     |                    |
| Address (Street Number and Name):<br>1520 Oliver Street | City:<br>Houston   | State:<br>TX                                 | Zip Code:<br>77007 |
| EB-5 Capital Investment:<br>See enclosed exhibits       | Direct and Indirect Job Creation:<br>See enclosed economic study | Jobs Maintained:<br><input type="checkbox"/> | (b)(4)             |
| (2) Business Name:<br>INTOWNHOMES, LTD.                 |  | Industry Category Title:<br>Construction     |                    |
| Address (Street Number and Name):<br>1520 Oliver Street | City:<br>Houston   | State:<br>TX                                 | Zip Code:<br>77007 |
| EB-5 Capital Investment:<br>See enclosed exhibits       | Direct and Indirect Job Creation:<br>See enclosed economic study | Jobs Maintained:<br><input type="checkbox"/> | (b)(4)             |

|   |   |  |                    |
|---|---|--|--------------------|
| b. Name of Commercial Enterprise:<br>Urban DFW Fund I, L.L.C. |   | Industry Category Title:<br>Construction |                    |
| Address (Street Number and Name):<br>1520 Oliver Street       | City:<br>Houston                            | State:<br>TX                             | Zip Code:<br>77007 |
| Aggregate EB-5 Capital Investment:                            | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:               |                    |
| <input type="checkbox"/>                                      |   |  |                    |

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

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

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

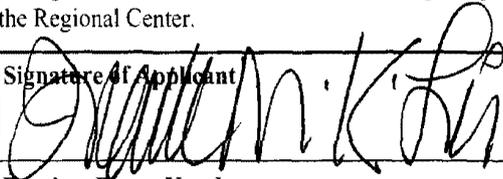
| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| [Redacted]                             |        |         |

**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**.

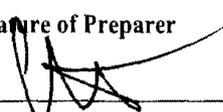
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Frank M.K. Liu | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(713)-964-8111  | <b>E-Mail Address</b><br>frankl@lovetthomes.com    |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Christian Triantaphyllis/ Yiting Hu | <b>Date (mm/dd/yyyy)</b><br>12/28/2015   |
| <b>Firm Name and Address</b><br>Foster LLP<br>600 Travis Street, 20th Floor, Houston, Texas 77002, USA              |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(832) 426-0398   | <b>Fax Number (Area/Country Codes)</b><br>(713) 228-1303               | <b>E-Mail Address</b><br>dhu@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<br>CAMPION | First<br>JEFFREY | Middle<br>EDMOND |
|-----------------------|------------------|------------------|

In Care Of: N/A

Street Address/P.O. Box: 1675 MARKET STREET, SUITE 203

|                     |           |                 |
|---------------------|-----------|-----------------|
| City: WESTON (b)(6) | State: FL | Zip Code: 33326 |
|---------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): [Redacted] | Fax Number (include area code): (855) 999-4772 | Telephone Number (include area code): (855) 999-4772 |
|--|--|--|

Web site address: www.eb5texastriangle.com/

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1108950188

**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: Texas Urban Triangle Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1675 Market Street, Suite 203 |  |   |
| City: Weston   | State: FL                                      | Zip Code: 33326                               |
| Web site www.eb5texastriangle.<br>Address: com/        | Fax Number (include area code): (855) 999-4772 | Telephone (include area code): (855) 999-4772 |

B. Name of Managing Company/Agency: Pathways EB-5, Inc.

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1675 Market Street, Suite 203 |  |   |
| City: Weston   | State: FL                                      | Zip Code: 33326                               |
| Web site www.pathwayseb5.com/<br>Address:              | Fax Number (include area code): (855) 999-4772 | Telephone (include area code): (855) 999-4772 |

C. Name of Other Agent: N/A

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



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2015 03/18/15 09:00:00

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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)                            | See attachment                             | 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:<br>Construction                      |  | NAICS Code for the Industry Category<br>2 3 0 0 0 0 |
| Aggregate EB-5 Capital Investment:<br>* See attachment           | Aggregate Direct and Indirect Job Creation:<br>(b)(4) See attachment | Aggregate Jobs Maintained:<br>N/A                   |
| b. Industry Category Title:<br>Accommodation                     |  | NAICS Code for the Industry Category<br>7 2 1 1 0 0 |
| Aggregate EB-5 Capital Investment:<br>* See attachment (b)(4)    | Aggregate Direct and Indirect Job Creation:<br>(b)(4) See attachment | Aggregate Jobs Maintained:<br>N/A                   |
| c. Industry Category Title:<br>Food Services and Drinking Places |  | NAICS Code for the Industry Category<br>7 2 2 0 0 0 |
| Aggregate EB-5 Capital Investment:<br>* See attachment (b)(4)    | Aggregate Direct and Indirect Job Creation:<br>(b)(4) See attachment | Aggregate Jobs Maintained:<br>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:<br>Dallas Butler Hotel Investors, LLC  |   | Industry Category Title:<br>* See attachment |                    |
| Address (Street Number and Name):<br>1201 Elm Street Unit 5270   | City:<br>Dallas                                       | State:<br>TX                                 | Zip Code:<br>75270 |
| Aggregate EB-5 Capital Investment:<br>(b)(4)   | Aggregate Direct and Indirect Job Creation:<br>(b)(4) | Aggregate Jobs Maintained:<br>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.

|  |   |  |                           |
|--|---|--|---------------------------|
| <b>(1) Business Name:</b><br>Butler Brother Group, LLC       |   | <b>Industry Category Title:</b><br>*See attachment |                           |
| <b>Address (Street Number and Name):</b><br>500 S. Ervay St. | <b>City:</b><br>Dallas                                      | <b>State:</b><br>TX                                | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                    | <b>Direct and Indirect Job Creation:</b><br>*See attachment | <b>Jobs Maintained:</b><br>N/A                     |                           |
| <b>(2) Business Name</b>                                     |   | <b>Industry Category Title:</b>                    |                           |
| <b>Address (Street Number and Name):</b>                     | <b>City:</b>  | <b>State:</b>                                      | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                              | <b>Direct and Indirect Job Creation:</b>                    | <b>Jobs Maintained:</b>                            |                           |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Texas Regional Center Fund, LLC |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>5339 Alpha Road, Suite 250      | <b>City:</b><br>Dallas                             | <b>State:</b><br>TX                             | <b>Zip Code:</b><br>75240 |
| <b>Aggregate EB-5 Capital Investment:</b><br>(b)(4)                         | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>(1) Business Name:</b><br>TDI Texas Residential Assets, LLC  |   | <b>Industry Category Title:</b><br>Construction *See attachment |                           |
| <b>Address (Street Number and Name):</b><br>5100 South Congress | <b>City:</b><br>Austin  | <b>State:</b><br>TX   | <b>Zip Code:</b><br>75240 |
| <b>EB-5 Capital Investment</b><br>\$0* See attachment           | <b>Direct and Indirect Job Creation</b><br>(b)(4) *See attachment | <b>Jobs Maintained</b><br>N/A                                   |                           |

(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:<br>Hospitality Fund of Central Texas, LLC |   | Industry Category Title:<br>*See attachment |                    |
| Address (Street Number and Name):<br>3200 Steck Avenue, Suite 270           | City:<br>Austin                             | State:<br>TX                                | Zip Code:<br>78757 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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?  No  Yes

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

|  |  |   |                    |
|--|--|---|--------------------|
| (1) Business Name:<br>Hines Georgetown Hotel, LLC                |  | Industry Category Title:<br>*See attachment |                    |
| Address (Street Number and Name):<br>811 Main Street, Suite 4100 | City:<br>Houston                                     | State:<br>TX                                | Zip Code:<br>77002 |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:<br>*See attachment | Jobs Maintained:<br>N/A                     |                    |

(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)**

|   |  |   |  |
|---|--|---|--|
| <b>d. Name of Commercial Enterprise:</b><br>Jefferson Madrone Lender, LP. |  | <b>Industry Category Title:</b><br>* See attachment |  |
|---|--|---|--|

(b)(4)

|  |                       |                     |                           |
|--|-----------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>600 E. Las Colinas Blvd. | <b>City:</b><br>Irvin | <b>State:</b><br>TX | <b>Zip Code:</b><br>75039 |
|--|-----------------------|---------------------|---------------------------|

|   |  |  |
|---|--|--|
| <b>Aggregate EB-5 Capital Investment:</b><br>[Redacted] | <b>Aggregate Direct and Indirect Job Creation:</b><br>[Redacted] | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |  |
|---|--|--|--|
| <b>(1) Business Name:</b><br>Jefferson Madrone EB-5 Borrower, LLC |  | <b>Industry Category Title:</b><br>*See attachment |  |
|---|--|--|--|

(b)(4)

|   |                        |                     |                           |
|---|------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>3499 Ranch Road 620 South | <b>City:</b><br>Austin | <b>State:</b><br>TX | <b>Zip Code:</b><br>78738 |
|---|------------------------|---------------------|---------------------------|

|   |   |                                |
|---|---|--------------------------------|
| <b>EB-5 Capital Investment:</b><br>[Redacted] | <b>Direct and Indirect Job Creation:</b><br>*See attachment | <b>Jobs Maintained:</b><br>N/A |
|---|---|--------------------------------|

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>(2) Business Name:</b> |  | <b>Industry Category Title:</b> |  |
|---------------------------|--|---------------------------------|--|

|  |              |               |                  |
|--|--------------|---------------|------------------|
| <b>Address (Street Number and Name):</b> | <b>City:</b> | <b>State:</b> | <b>Zip Code:</b> |
|--|--------------|---------------|------------------|

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
|---------------------------------|--|-------------------------|

|   |  |  |  |
|---|--|--|--|
| <b>e. Name of Commercial Enterprise:</b><br>Jefferson Memorial Lender, LP |  | <b>Industry Category Title:</b><br>*See attachment |  |
|---|--|--|--|

(b)(4)

|   |                        |                     |                           |
|---|------------------------|---------------------|---------------------------|
| <b>Address Street Number and Name:</b><br>600 E. Las Colinas Blvd | <b>City:</b><br>Irving | <b>State:</b><br>TX | <b>Zip Code:</b><br>75039 |
|---|------------------------|---------------------|---------------------------|

|   |  |  |
|---|--|--|
| <b>Aggregate EB-5 Capital Investment:</b><br>[Redacted] | <b>Aggregate Direct and Indirect Job Creation:</b><br>[Redacted] | <b>Aggregate Jobs Maintained:</b><br>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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Jefferson Memorial EB-5 Borrower, LLC |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>1520 N. Memorial Way   | <b>City:</b><br>Houston                                    | <b>State:</b><br>TX                             | <b>Zip Code:</b><br>77007 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                          | <b>Direct and Indirect Job Creation:</b><br>See attachment | <b>Jobs Maintained:</b><br>N/A                  |                           |
| <b>(2) Business Name:</b>  |  | <b>Industry Category Title:</b>                 |                           |
| <b>Address (Street Number and Name):</b>                           | <b>City:</b>   | <b>State:</b>                                   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                    | <b>Direct and Indirect Job Creation:</b>                   | <b>Jobs Maintained:</b>                         |                           |

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 |
| (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.)

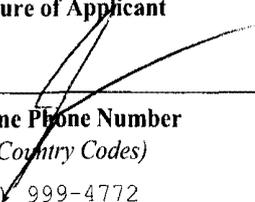
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Jeffrey Campion | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(855) 999-4772  | <b>E-Mail Address</b><br>jccampion@pathwayseb5.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

5326 REC CSC150E10 2115

**Part 1. Information About Principal of the Regional Center**

|                           |                   |              |
|---------------------------|-------------------|--------------|
| Name: Last<br>MASTROIANNI | First<br>Nicholas | Middle<br>A. |
|---------------------------|-------------------|--------------|

In Care Of: U.S. Immigration Fund-FL, LLC

Street Address/P.O. Box: 115 Front Street, Suite 300

|               |        |           |                 |
|---------------|--------|-----------|-----------------|
| City: Jupiter | (b)(6) | State: FL | Zip Code: 33477 |
|---------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (561) 799-0061 | Telephone Number<br>(include area code): (561) 799-1883 |
|-------------------------------|---|---|

Web site address: www.visaeb-5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1236250924 / I.D. 1236250924

**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.S. Immigration Fund-FL, LLC

Street Address/P.O. Box: 115 Front Street, Suite 300

|               |           |                 |
|---------------|-----------|-----------------|
| City: Jupiter | State: FL | Zip Code: 33477 |
|---------------|-----------|-----------------|

|                                       |   |  |
|---------------------------------------|---|--|
| Web site<br>Address: www.visaeb-5.com | Fax Number<br>(include area code): (561) 799-0061 | Telephone<br>(include area code): (561) 799-1883 |
|---------------------------------------|---|--|

**B. Name of Managing Company/Agency:** U.S. Immigration Fund, LLC

Street Address/P.O. Box: 115 Front Street, Suite 300

|               |           |                 |
|---------------|-----------|-----------------|
| City: Jupiter | State: FL | Zip Code: 33477 |
|---------------|-----------|-----------------|

|                                       |   |  |
|---------------------------------------|---|--|
| Web site<br>Address: www.visaeb-5.com | Fax Number<br>(include area code): (561) 799-0061 | Telephone<br>(include area code): (561) 799-1883 |
|---------------------------------------|---|--|

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

Street Address/P.O. Box:

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

|                                |                                   |
|--------------------------------|-----------------------------------|
| Number<br>(include area code): | Telephone<br>(include area code): |
|--------------------------------|-----------------------------------|



**RCW1534453569**

imaging 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<br>In Progress | Aggregate Direct and Indirect Job Creation<br>In Progress | 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:<br>CONSTRUCTION       |  | NAICS Code for the Industry Category<br>2 3 6 0   |
| Aggregate EB-5 Capital Investment:<br>In Progress | Aggregate Direct and Indirect Job Creation:<br>In Progress | Aggregate Jobs Maintained:                        |
| b. Industry Category Title:                       |  | NAICS Code for the Industry Category<br>_ _ _ _ _ |
| Aggregate EB-5 Capital Investment:                | Aggregate Direct and Indirect Job Creation:                | Aggregate Jobs Maintained:                        |
| c. Industry Category Title:                       |  | NAICS Code for the Industry Category<br>_ _ _ _ _ |
| 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:<br>SEE ATTACHMENT   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

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

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

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

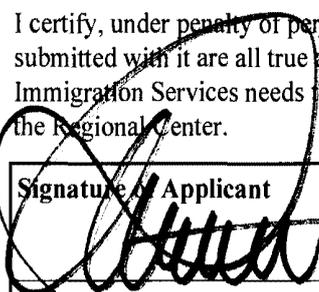
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|   |   |  |
|---|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Nicholas A. Mastroianni | <b>Date (mm/dd/yyyy)</b><br>DEC. 1, 2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 799-1883   | <b>E-Mail Address</b><br>nick@usifund.com                   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President 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

|  |  |   |
|--|--|---|
| <b>Signature of Preparer</b><br>      | <b>Printed Name of Preparer</b><br>Ignacio A. Donoso | <b>Date (mm/dd/yyyy)</b><br>12/03/15                  |
| <b>Firm Name and Address</b><br>I.A. Donoso and Associates, LLC<br>4800 Montgomery Lane, Suite 640<br>Bethesda, MD 20814 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(301) 276-0654  | <b>Fax Number (Area/Country Codes)</b>               | <b>E-Mail Address</b><br>ignacio.donoso@donosolaw.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<br>MASTROIANNI | First<br>NICHOLAS | Middle<br>A. |
|---------------------------|-------------------|--------------|

In Care Of: U.S. IMMIGRATION FUND-NY, LLC

Street Address/P.O. Box: 115 FRONT STREET, SUITE 300

|                      |           |                 |
|----------------------|-----------|-----------------|
| City: JUPITER (b)(6) | State: FL | Zip Code: 33477 |
|----------------------|-----------|-----------------|

|                                       |  |  |
|---------------------------------------|--|--|
| Date of Birth (mm/dd/yyyy) [Redacted] | Fax Number (include area code): (561) 799-0061 | Telephone Number (include area code): (561) 799-1883 |
|---------------------------------------|--|--|

Web site address: www.visaeb-5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1214350657/ I.D. 1214350657

**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.S. IMMIGRATION FUND-NY, LLC

Street Address/P.O. Box: 115 FRONT STREET, SUITE 300

|               |           |                 |
|---------------|-----------|-----------------|
| City: JUPITER | State: FL | Zip Code: 33477 |
|---------------|-----------|-----------------|

|                                       |  |   |
|---------------------------------------|--|---|
| Web site www.visaeb-5.com<br>Address: | Fax Number (include area code): (561) 799-0061 | Telephone (include area code): (561) 799-1883 |
|---------------------------------------|--|---|

B. Name of Managing Company/Agency: U.S. IMMIGRATION FUND LLC

Street Address/P.O. Box: 115 FRONT STREET, SUITE 300

|               |           |                 |
|---------------|-----------|-----------------|
| City: JUPITER | State: FL | Zip Code: 33477 |
|---------------|-----------|-----------------|

|                                       |  |   |
|---------------------------------------|--|---|
| Web site www.visaeb-5.com<br>Address: | Fax Number (include area code): (561) 799-0061 | Telephone (include area code): (561) 799-1883 |
|---------------------------------------|--|---|

C. Name of Other Agent:

Street Address/P.O. Box:

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

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



**RCW1534453565**  
maginger 1924A 12/10/2015

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 | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| (b)(4)                            | (in total in progress)                     | 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:<br>CONSTRUCTION |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation:<br>(in total in progress) | Aggregate Jobs Maintained:<br>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:

|  |   |  |           |
|--|---|--|-----------|
| a. Name of Commercial Enterprise:<br>W57 STREET FUNDING, LLC   |   | Industry Category Title:<br>CONSTRUCTION |           |
| Address (Street Number and Name):<br>SAME AS ABOVE   | City:                                       | State:                                   | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>SEE ATTACHMENT   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:               |           |
| Does this EB-5 commercial enterprise serve as a 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:<br>SEE ATTACHMENT |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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:<br>855 AOA FUNDING LLC |   | Industry Category Title:<br>CONSTRUCTION |           |
| Address (Street Number and Name):<br>SAME AS ABOVE       | City:                                       | State:                                   | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>SEE ATTACHMENT     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:               |           |

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

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

|                                      |                                  |                          |           |
|--------------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>SEE ATTACHMENT |                                  | Industry Category Title: |           |
| Address (Street Number and 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:<br>101 MURRAY STREET FUNDING 100, LLC |   | Industry Category Title:<br>CONSTRUCTION |           |
| Address (Street Number and Name):<br>SAME AS ABOVE                      | City:                                       | State:                                   | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>SEE ATTACHMENT                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:               |           |

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

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>701 TSQ 1000 FUNDING LLC |   | Industry Category Title:<br>CONSTRUCTION |           |
| Address (Street Number and Name):<br>SAME AS ABOVE            | City:                                       | State:                                   | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>SEE ATTACHMENT          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:               |           |

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

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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:<br>NASSAU COLISEUM FUNDING 100, LLC |   | Industry Category Title:<br>CONSTRUCTION |           |
| Address Street Number and Name:<br>SAME AS ABOVE                      | City:                                       | State:                                   | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>SEE ATTACHMENT                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:               |           |

Does this EB-5 commercial enterprise 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:<br>SEE ATTACHMENT |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:                   |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

**FOR ADDITIONAL NCE'S, SEE ATTACHMENTS**

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.)

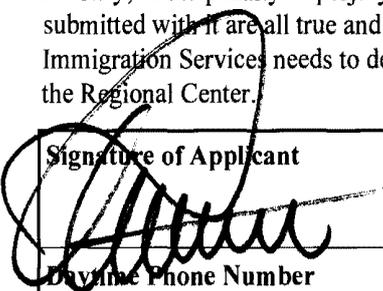
(b)(4)

| 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**.

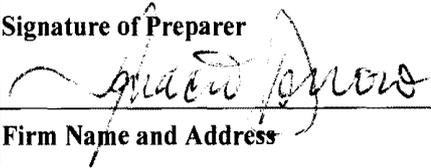
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|   |   |  |
|---|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>NICHOLAS A. MASTROIANNI | <b>Date (mm/dd/yyyy)</b><br>DEC. 1, 2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 799-1883   | <b>E-Mail Address</b><br>NICK@USIFUND.COM                   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |   |
|--|--|---|
| <b>Signature of Preparer</b><br>    | <b>Printed Name of Preparer</b><br>IGNACIO A. DONOSO | <b>Date (mm/dd/yyyy)</b><br>12/03/2015                |
| <b>Firm Name and Address</b><br>I.A. DONOSO & ASSOCIATES, LLC<br>4800 MONTGOMERY LANE, SUITE 640<br>BETHESDA, MD 20814 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(301) 276-0654  | <b>Fax Number (Area/Country Codes)</b>               | <b>E-Mail Address</b><br>IGNACIO.DONOSO@DONOSOLAW.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<br>MASTROIANNI                            | First<br>Nicholas                              | Middle<br>A.   |
| In Care Of: U.S. Immigration Recovery Fund-NY, LLC   |  |  |
| Street Address/P.O. Box: 115 Front Street, Suite 300 |  |  |
| City: Jupiter (b)(6)                                 | State: FL                                      | Zip Code: 33477                                      |
| Date of Birth (mm/dd/yyyy) [Redacted]                | Fax Number (include area code): (561) 799-0061 | Telephone Number (include area code): (561) 799-1883 |
| Web site address: www.visaeb-5.com                   |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1307951111/ I.D. 130795111

**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.S. Immigration Recovery Fund-NY, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 115 Front Street, Suite 300 |  |   |
| City: Jupiter  | State: FL                                      | Zip Code: 33477                               |
| Web site Address: www.visaeb-5.com                   | Fax Number (include area code): (561) 799-0061 | Telephone (include area code): (561) 799-1883 |

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): |



**RCW1534453563**

5338 READ CSC150610 2119

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<br>MASTROIANNI  |   | First<br>Nicholas              | Middle  |
| In Care Of: U.S. Immigration Recovery Fund-NY, LLC   |   |                                |   |
| Street Address/P.O. Box: 115 Front Street, Suite 300   |   |                                |   |
| City: Jupiter (b)(6)   |   | State: FL                      | Zip Code: 33477   |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (561) 799-0061 |                                | Telephone Number<br>(include area code): (561) 799-1883 |
| Web site address: www.visaeb-5.com   |   |                                |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |   | RCW 1307951111/ I.D. 130795111 |   |

COPY

**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.S. Immigration Recovery Fund-NY, LLC

Street Address/P.O. Box: 115 Front Street, Suite 300

|                                       |   |  |
|---------------------------------------|---|--|
| City: Jupiter                         | State: FL   | Zip Code: 33477                                  |
| Web site<br>Address: www.visaeb-5.com | Fax Number<br>(include area code): (561) 799-0061 | Telephone<br>(include area code): (561) 799-1883 |

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

Street Address/P.O. Box:

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

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

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(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 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<br>In progress | Aggregate Direct and Indirect Job Creation<br>In Progress | Aggregate Jobs Maintained<br>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:<br>CONSTRUCTION       |  | NAICS Code for the Industry Category<br>2 3 6 0 |
| Aggregate EB-5 Capital Investment:<br>In progress | Aggregate Direct and Indirect Job Creation:<br>In Progress | Aggregate Jobs Maintained:                      |
| b. Industry Category Title:                       |  | NAICS Code for the Industry Category<br>_____   |
| Aggregate EB-5 Capital Investment:                | Aggregate Direct and Indirect Job Creation:                | Aggregate Jobs Maintained:                      |
| c. Industry Category Title:                       |  | NAICS Code for the Industry Category<br>_____   |
| 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:<br>SEE ATTACHMENT   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

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

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

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

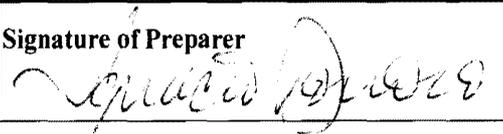
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>NICHOLAS A. MASTROIANNI | <b>Date (mm/dd/yyyy)</b><br>DEC. 1, 2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 799-1883  | <b>E-Mail Address</b><br>NICK@USIFUND.COM                   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President 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

|  |  |   |
|--|--|---|
| <b>Signature of Preparer</b><br>    | <b>Printed Name of Preparer</b><br>IGNACIO A. DONOSO | <b>Date (mm/dd/yyyy)</b><br>12/03/15                  |
| <b>Firm Name and Address</b><br>I.A. DONOSO & ASSOCIATES, LLC<br>4720 MONTGOMERY LANE, SUITE 430<br>BETHESDA, MD 20814 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(301) 276-0653  | <b>Fax Number (Area/Country Codes)</b>               | <b>E-Mail Address</b><br>ignacio.donoso@donosolaw.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<br>Wu | First<br>Joe | Middle<br>Tai-Chang |
|------------------|--------------|---------------------|

In Care Of: United Venture Regional Center

Street Address/P.O. Box: 2278 Trade Zone Blvd.

|                               |            |   |   |
|-------------------------------|------------|---|---|
| City: San Jose                | (b)(6)     | State: CA   | Zip Code: 95131   |
| Date of Birth<br>(mm/dd/yyyy) | [Redacted] | Fax Number<br>(include area code): (408) 946-7856 | Telephone Number<br>(include area code): (408) 946-0858 |

Web site address: www.univrc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034150055/ID1034150055

**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 Venture Regional Center

Street Address/P.O. Box: 300 B STREET

|                                     |   |  |
|-------------------------------------|---|--|
| City: TURLOCK                       | State: CA   | Zip Code: 95380                                  |
| Web site WWW.UNIVRC.COM<br>Address: | Fax Number<br>(include area code): (209) 669-0498 | Telephone<br>(include area code): (209) 669-0626 |

B. Name of Managing Company/Agency: United Venture Regional Center

Street Address/P.O. Box: 300 B STREET

|                                     |   |  |
|-------------------------------------|---|--|
| City: TURLOCK                       | State: CA   | Zip Code: 95380                                  |
| Web site WWW.UNIVRC.COM<br>Address: | Fax Number<br>(include area code): (209) 669-0498 | Telephone<br>(include area code): (209) 669-0926 |

C. Name of Other Agent: N/A

Street Address/P.O. Box: N/A

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| City: N/A                | State:                             | Zip Code:                         |
| Web site N/A<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1606954274**

egarcia2 1924A 03/09/2016

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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 |
|-----------------------------------|--|---------------------------|
| [REDACTED]                        |  |                           |

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:<br>FOOD SERVICE AND DRINKING PLACES |   | NAICS Code for the Industry Category<br>7 2 2 5 1 3 |  |
| Aggregate EB-5 Capital Investment:                              | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [REDACTED]  |   |   |  |
| b. Industry Category Title:<br>N/A                              |   | NAICS Code for the Industry Category<br>_____       |  |
| Aggregate EB-5 Capital Investment:                              | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| N/A   | N/A   | N/A   |  |
| c. Industry Category Title:<br>N/A                              |   | NAICS Code for the Industry Category<br>_____       |  |
| Aggregate EB-5 Capital Investment:                              | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| N/A   | N/A   | 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:<br>SUNRISE INN FOOD PLAZA  |   | Industry Category Title:<br>FOOD SERVICES AND DRINKING PLACES |   |
| Address (Street Number and Name):<br>300 B STREET  | City:<br>TURLOCK                            | State:<br>CA  | Zip Code:<br>95380  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                    |   |
| [REDACTED]   |   |   |   |
| Does this EB-5 commercial 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.

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

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

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

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

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

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

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

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

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

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

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

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

**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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>JOE TAI-CHANG WU   | <b>Date (mm/dd/yyyy)</b><br>03/07/2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(408) 946-0858  | <b>E-Mail Address</b><br> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

REC'D CSC 15DEC28 22:36

5233

**Part 1. Information About Principal of the Regional Center**

|                           |                           |        |
|---------------------------|---------------------------|--------|
| Name: Last<br><b>Chan</b> | First<br><b>Rong Fang</b> | Middle |
|---------------------------|---------------------------|--------|

In Care Of: **Washington Investment Regional Center, LLC**

Street Address/P.O. Box: **11530 140th Ave NE, Suite 111**

|                       |                    |                        |
|-----------------------|--------------------|------------------------|
| City: <b>Bellevue</b> | State: <b>WA</b> ▼ | Zip Code: <b>98005</b> |
|-----------------------|--------------------|------------------------|

|                                |  |  |
|--------------------------------|--|--|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): <b>4257329220</b> | Telephone Number<br>(include area code): <b>2063833135</b> |
|--------------------------------|--|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) **RCW 1302851078 / ID 1302851078**

**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 Investment Regional Center, LLC**

Street Address/P.O. Box: **11530 140th Ave NE, Suite 111**

|                       |                    |                        |
|-----------------------|--------------------|------------------------|
| City: <b>Bellevue</b> | State: <b>WA</b> ▼ | Zip Code: <b>98005</b> |
|-----------------------|--------------------|------------------------|

|                   |   |  |
|-------------------|---|--|
| Web site Address: | Fax Number (include area code): <b>4257329220</b> | Telephone (include area code): <b>2063833135</b> |
|-------------------|---|--|

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



**RCW1536454036**

**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)                            |  | 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:<br>Non-Residential Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |
|        | Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A               |
| (b)(4) | b. Industry Category Title:<br>N/A                          |   | 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:<br>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:<br>Silver Plaza Investment, LLC  |   | Industry Category Title:<br>Real Estate Development |                    |
|        | Address (Street Number and Name):<br>1530 140th Ave NE, Ste 111  | City:<br>Bellevue                           | State:<br>WA  | Zip Code:<br>98005 |
| (b)(4) | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>Silver Plaza, LLLP                        |                                   | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>1530 140th Ave NE, Ste 111 | City:<br>Bellevue                 | State:<br>WA <input type="checkbox"/>               | Zip Code:<br>98005 |
| EB-5 Capital Investment:<br><b>(b)(4)</b>                       | Direct and Indirect Job Creation: | Jobs Maintained:<br>N/A                             |                    |
| (2) Business Name<br>N/A  |                                   | Industry Category Title:                            |                    |
| Address (Street Number and Name):                               | City:                             | State:<br><input type="checkbox"/>                  | Zip Code:          |
| EB-5 Capital Investment:  | Direct and Indirect Job Creation: | Jobs Maintained:                                    |                    |

|  |   |                                    |           |
|--|---|------------------------------------|-----------|
| b. Name of Commercial Enterprise:<br>N/A |   | Industry Category Title:           |           |
| Address (Street Number and Name):        | City:                                       | State:<br><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:<br>N/A         |                                  | Industry Category Title:           |           |
| Address (Street Number and Name): | City:                            | State:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment           | Direct and Indirect Job Creation | Jobs Maintained                    |           |

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A  |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

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

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

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

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

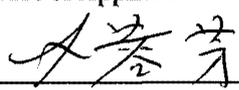
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

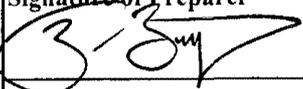
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|   |  |                                 |
|---|--|---------------------------------|
| Signature of Applicant<br> | Printed Name of Applicant<br>Rongfang Chen   | Date (mm/dd/yyyy)<br>12/24/2015 |
| Daytime Phone Number<br>(Area/Country Codes)<br>1 604-738-8787  | E-Mail Address<br><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.)<br>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<br>  | Printed Name of Preparer<br>Zachary Bryant      | Date (mm/dd/yyyy)<br>12/24/15          |
| Firm Name and Address<br>TD Knowles & Associates<br>1200 Old Fairhaven Pkwy, Suite 203, Bellingham, WA, 98225 |   |  |
| Daytime Phone Number<br>(Area/Country Codes)<br>360-933-1612  | Fax Number (Area/Country Codes)<br>360-933-1664 | E-Mail Address<br>ZACB@TDKLAWGROUP.COM |

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

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

RCW 1535753870 1789  
5326

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>Farrokhi                                | First<br>Ahmad                                 | Middle   |
| In Care Of: Ahmad Farrokhi                            |  |  |
| Street Address/P.O. Box: 10101 SE3rd Street ,Unit 108 |  |  |
| City: Bellevue (b)(6)                                 | State: WA                                      | Zip Code: 98004                                      |
| Date of Birth (mm/dd/yyyy)                            | Fax Number (include area code): (425) 502-7051 | Telephone Number (include area code): (425) 530-6166 |
| Web site address: www.eb5wfimg.com                    |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) WAC 1590442281 / ID 1334751341

**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 Foreign Investment Management Group LLC.

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 10101 Se 3rd Street Unit 108 |  |   |
| City: Bellevue  | State: WA                                      | Zip Code: 98004                               |
| Web site www.eb5wfimg.com<br>Address:                 | Fax Number (include area code): (425) 502-7051 | Telephone (include area code): (425) 530-6166 |

**B. Name of Managing Company/Agency:** Ahmad Farrokhi Managing member

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 10101 Se 3rd Street Unit 108 |  |   |
| City: Bellevue  | State: WA                                      | Zip Code: 98004                               |
| Web site www.eb5wfimg.com<br>Address:                 | Fax Number (include area code): (425) 502-7051 | Telephone (include area code): (425) 530-6166 |

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

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>...          | 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”.)

|  |  |   |
|--|--|---|
| a. Industry Category Title:<br>Steel product Manufacturing from purchased Steel        |  | NAICS Code for the Industry Category<br>3 3 1 2   |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation:          | Aggregate Jobs Maintained:                        |
|  |  |   |
| b. Industry Category Title:<br>Custom Roll Forming                                     |  | NAICS Code for the Industry Category<br>3 3 1 1 4 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation:          | Aggregate Jobs Maintained:                        |
| (b)(4)   |  |   |
| c. Industry Category Title:<br>Plate Work& Fabricated Structural Product Manufacturing |  | NAICS Code for the Industry Category<br>3 3 2 3 1 |
| Aggregate EB-5 Capital Investment:<br>\$19.08 million                                  | Aggregate Direct and Indirect Job Creation:<br>220.7 | 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:<br>N/A   |  | Industry Category Title:<br>N/A |           |
| Address (Street Number and Name):<br>N/A   | City:<br>N/A                                       | State:                          | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>N/A  | Aggregate Direct and Indirect Job Creation:<br>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.

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                  |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b>                          | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b>                 |                  |

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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Ahmad Farrokhi  | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(425) 530-6166  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>Sze  | First<br>Albert                 | Middle<br>P  |
| In Care Of:  |                                 |  |
| Street Address/P.O. Box: 22406 Pacific Hwy South   |                                 |  |
| City: Des Moines (b)(6)  | State: WA                       | Zip Code: 98198                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): | Telephone Number (include area code): (206) 824-2379 |
| Web site address: www.yaretonregionalcenter.com  |                                 |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |                                 | RCW 1120950251                                       |

5263

**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:** Yareton Investment Funds, LLC

Street Address/P.O. Box: 22406 Pacific Hwy South

|                                   |                                 |   |
|-----------------------------------|---------------------------------|---|
| City: Des Moines                  | State: WA                       | Zip Code: 98198                               |
| Web site Address: www.yareton.com | Fax Number (include area code): | Telephone (include area code): (206) 824-2379 |

**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): |



RCW1600554171

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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.”)

|        |   |   |                            |
|--------|---|---|----------------------------|
| (b)(4) | a. Industry Category Title:<br>Commercial & Institutional Building Construction | NAICS Code for the Industry Category<br>2 3 6 2 2   |                            |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation:         | Aggregate Jobs Maintained: |
| (b)(4) | b. Industry Category Title:<br>Operations                                       | NAICS Code for the Industry Category<br>7 2 1 1 2 0 |                            |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation:         | Aggregate Jobs Maintained: |
| (b)(4) | c. Industry Category Title:<br>Restaurant                                       | NAICS Code for the Industry Category<br>7 2 2 5 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:<br>Artimes Hotel, LP   | Industry Category Title:                    |                            |                    |
|        | Address (Street Number and Name):<br>22406 Pacific Hwy S   | City:<br>Des Moines                         | State:<br>WA               | Zip Code:<br>98198 |
| (b)(4) | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |                    |
|        | Does this EB-5 commercial 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.)

(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.)

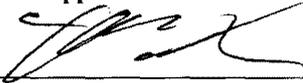
(b)(4)

| 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 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.

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Albert Sze | <b>Date (mm/dd/yyyy)</b><br>12.28.15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>206-824.2379  | <b>E-Mail Address</b><br>albert@yareton.com    |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

16-0172 02/10/15 11:50 AM 5326

**Part 1. Information About Principal of the Regional Center**

|   |   |   |
|---|---|---|
| Name: Last<br>Agarwal                                     | First<br>Arun                                     | Middle<br>K.  |
| In Care Of: White Lotus Group                             |   |   |
| Street Address/P.O. Box: 105 North 31st Avenue, 2nd Floor |   |   |
| City: Omaha   | (b)(6)  | State: NE   |
|   |   | Zip Code: 68131   |
| Date of Birth<br>(mm/dd/yyyy):                            | Fax Number<br>(include area code): (402) 344-2861 | Telephone Number<br>(include area code): (402) 408-0005 |
| Web site address: www.whitelotusgroup.com                 |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1413351755 / ID1413351575

**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:** White Lotus Group Regional Center, LLC.

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 105 North 31st Avenue |   |  |
| City: Omaha                                    | State: NE   | Zip Code: 68131                                  |
| Web site<br>Address: www.whitelotusgroup.com   | Fax Number<br>(include area code): (402) 344-2861 | Telephone<br>(include area code): (402) 408-0005 |

**B. Name of Managing Company/Agency:**

|                          |  |                                   |
|--------------------------|--|-----------------------------------|
| Street Address/P.O. Box: |  |                                   |
| City:                    | State: <span style="border: 1px solid black; padding: 2px;">▼</span> | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code):                                   | Telephone<br>(include area code): |

**C. Name of Other Agent:**

|                          |  |                                   |
|--------------------------|--|-----------------------------------|
| Street Address/P.O. Box: |  |                                   |
| City:                    | State: <span style="border: 1px solid black; padding: 2px;">▼</span> | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code):                                   | Telephone<br>(include area code): |



**RCW1602054228**  
maginger 1924A 01/20/2016

(b)(4)

**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”.)

|  |   |  |  |
|--|---|--|--|
| <b>a. Industry Category Title:</b><br>Nonresidential Building Construction |   | <b>NAICS Code for the Industry Category</b><br>2 3 6 2 0 0 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |  |
|  |   |  |  |
| <b>b. Industry Category Title:</b><br>Residential Building Construction    |   | <b>NAICS Code for the Industry Category</b><br>2 3 6 1 0 0 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |  |
|  |   |  |  |
| <b>c. Industry Category Title:</b><br>Accommodations                       |   | <b>NAICS Code for the Industry Category</b><br>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:

|   |   |                                 |                  |
|---|---|---------------------------------|------------------|
| <b>a. Name of Commercial Enterprise:</b><br>N/A (b)(4)  |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                | <b>State:</b><br>▼              | <b>Zip Code:</b> |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |                  |
|   |   |                                 |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                 |                  |

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br>▼              | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br>▼              | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b><br>▼              | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br>▼              | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

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

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

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

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

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

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

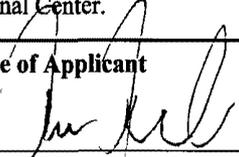
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

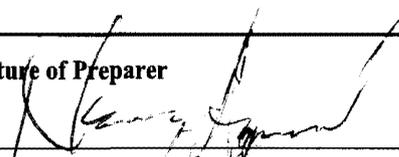
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Arun K. Agarwal   | <b>Date (mm/dd/yyyy)</b><br>12/29/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(402) 408-0005  | <b>E-Mail Address</b><br>aagarwal@whitelotusgroup.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Neeraj Agarwal        | <b>Date (mm/dd/yyyy)</b><br>12/29/2015                |
| <b>Firm Name and Address</b><br>White Lotus Group<br>105 North 31st Avenue<br>Omaha, NE 68131                       |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(402) 408-0005   | <b>Fax Number (Area/Country Codes)</b><br>(402) 344-2861 | <b>E-Mail Address</b><br>nagarwal@whitelotusgroup.com |

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

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

REC'D CSC 150522 21:12  
5326

**Part 1. Information About Principal of the Regional Center**

|                       |                 |             |
|-----------------------|-----------------|-------------|
| Name: Last<br>Russell | First<br>Howard | Middle<br>A |
|-----------------------|-----------------|-------------|

In Care Of: West Penn Regional Center

Street Address/P.O. Box: One Oxford Center, 301 Grant Street, Suite 4300

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Pittsburgh (b)(6) | State: PA | Zip Code: 15219 |
|-------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (412) 774-3472 | Telephone Number (include area code): (412) 999-0937 |
|----------------------------|--|--|

Web site address: www.westpennrc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1319251176/ID1319251176

**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:** West Penn Regional Center

Street Address/P.O. Box: One Oxford Center, 301 Grant Street, Ste 4300

|                                      |  |   |
|--------------------------------------|--|---|
| City: Pittsburgh                     | State: PA                                      | Zip Code: 15219                               |
| Web site Address: www.westpennrc.com | Fax Number (include area code): (412) 774-3472 | Telephone (include area code): (412) 999-0937 |

**B. Name of Managing Company/Agency:** Ferrum Capital Partners llc

Street Address/P.O. Box: One Oxford Center, 301 Grant Street, Ste 4300

|                   |  |   |
|-------------------|--|---|
| City: Pittsburgh  | State: PA                                      | Zip Code: 15219                               |
| Web site Address: | Fax Number (include area code): (412) 774-3472 | Telephone (include area code): (412) 999-0937 |

**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): |



**RCW1535653840**

**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:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br>Hotels   |   | NAICS Code for the Industry Category<br>7 2 1 1 2 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:<br>(b)(4)   |   | NAICS Code for the Industry Category<br>_____       |
| 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:<br>None for the partial year   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Wilson D Farmerie | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(412) 577-4085  | <b>E-Mail Address</b><br>wfarmerie@ferrumcap.com      |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

RCW1536354009 9226

**Part 1. Information About Principal of the Regional Center**

|                    |               |        |
|--------------------|---------------|--------|
| Name: Last<br>SHEN | First<br>John | Middle |
|--------------------|---------------|--------|

In Care Of: American Lending Center, LLC

Street Address/P.O. Box: 1 World Trade Center, Suite 1130

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Long Beach (b)(6) | State: CA | Zip Code: 90831 |
|-------------------------|-----------|-----------------|

|                            |  |  |  |
|----------------------------|--|--|--|
| Date of Birth (mm/dd/yyyy) | <div style="border: 1px solid black; width: 100px; height: 20px;"></div> | Fax Number (include area code): (562) 449-0079 | Telephone Number (include area code): (562) 449-0139 |
|----------------------------|--|--|--|

Web site address: www.usedlc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1031910173

**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 Lending Center (FKA US Employment Development Lending Center)

Street Address/P.O. Box: 1 World Trade Center, Suite 1130

|                                     |  |   |
|-------------------------------------|--|---|
| City: Long Beach                    | State: CA                                      | Zip Code: 90831                               |
| Web site www.usedlc.com<br>Address: | Fax Number (include area code): (562) 449-0079 | Telephone (include area code): (562) 449-0139 |

**B. Name of Managing Company/Agency:** American Lending Center, LLC

Street Address/P.O. Box: 1 World Trade Center, Suite 1130

|                                     |  |   |
|-------------------------------------|--|---|
| City: Long Beach                    | State: CA                                      | Zip Code: 90831                               |
| Web site www.usedlc.com<br>Address: | Fax Number (include area code): (562) 449-0079 | Telephone (include area code): (562) 449-0139 |

**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): |



**RCW1536354009**  
maginger I924A 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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        | [Redacted]                                 | [Redacted]                |

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:<br>Hotels(except casino hotels)       |   | NAICS Code for the Industry Category<br>7 2 1 1 1 0 |  |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  | [Redacted]                                  | [Redacted]  |  |
| b. Industry Category Title:<br>Construction                       |   | NAICS Code for the Industry Category<br>2 3 0 0 0 0 |  |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  | [Redacted]                                  | [Redacted]  |  |
| c. Industry Category Title:<br>Merchant Wholesales, durable goods |   | NAICS Code for the Industry Category<br>4 2 0 0 0 0 |  |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  | [Redacted]                                  | [Redacted]  |  |

(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:<br>Sand Canyon Fund, LP  |   | Industry Category Title:<br>lending/finance |   |
| Address (Street Number and Name):<br>P. O. Box 10278   | City:<br>Marina Del Rey                     | State:<br>CA                                | Zip Code:<br>90295  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                  |   |
| [Redacted]   | [Redacted]                                  | [Redacted]                                  |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Sand Canyon Plaza, LLC                        |  | <b>Industry Category Title:</b><br>Mixed-use real estate development |                           |
| <b>Address (Street Number and Name):</b><br>corner of Sand Canyon & Soleda | <b>City:</b><br>Santa Clarita            | <b>State:</b><br>CA  | <b>Zip Code:</b><br>91387 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |
| [Redacted]   |  | [Redacted]   |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>                                      |                           |
| <b>Address (Street Number and Name):</b>                                   | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |

(b)(4)

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>USEDLC 15202 LP             |  | <b>Industry Category Title:</b><br>Lending/Finance |                           |
| <b>Address (Street Number and Name):</b><br>1 World Trade Center, #1190 | <b>City:</b><br>Long Beach                         | <b>State:</b><br>CA                                | <b>Zip Code:</b><br>90831 |
| <b>Aggregate EB-5 Capital Investment:</b>                               | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                  |                           |
| [Redacted]  |  | [Redacted]   |                           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>A.B. Hospitality (DBA Hampton Inn) |   | <b>Industry Category Title:</b><br>Hotel |                           |
| <b>Address (Street Number and Name):</b><br>7307 Artesia Blvd.  | <b>City:</b><br>Buena Park              | <b>State:</b><br>CA                      | <b>Zip Code:</b><br>90621 |
| <b>EB-5 Capital Investment</b>                                  | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                   |                           |
| [Redacted]  |   | [Redacted]                               |                           |

(b)(4)

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

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

|  |   |   |                    |
|--|---|---|--------------------|
| c. Name of Commercial Enterprise:<br>USEDLC 15212 LP             |   | Industry Category Title:<br>Lending/finance |                    |
| Address (Street Number and Name):<br>1 World Trade Center, #1190 | City:<br>Long Beach                         | State:<br>CA                                | Zip Code:<br>90831 |
| 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:<br>A.B. Hospitality Inc. (DBA Hampton Inn) |                                   | Industry Category Title:<br>Hotels |                    |
| Address (Street Number and Name):<br>7307 Artesia Blvd.       | City:<br>Buena Park               | State:<br>CA                       | Zip Code:<br>90621 |
| 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:<br>USEDLC 15214 LP |  | Industry Category Title:<br>Lending/Finance |  |
|--|--|---|--|

|  |                     |              |                    |
|--|---------------------|--------------|--------------------|
| Address (Street Number and Name):<br>1 World Trade Center, #1190 | City:<br>Long Beach | State:<br>CA | Zip Code:<br>90831 |
|--|---------------------|--------------|--------------------|

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| 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:<br>A.B. Hospitality Inc. (Hampton Inn & Suite) |  | Industry Category Title:<br>Hotels |  |
|---|--|------------------------------------|--|

|   |                     |              |                    |
|---|---------------------|--------------|--------------------|
| Address (Street Number and Name):<br>7307 Artesia Blvd. | City:<br>Buena Park | State:<br>CA | Zip Code:<br>90621 |
|---|---------------------|--------------|--------------------|

|                          |                                   |                  |
|--------------------------|-----------------------------------|------------------|
| 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:<br>USEDLC 15217 LP |  | Industry Category Title:<br>Finance lending |  |
|--|--|---|--|

|  |                     |              |                    |
|--|---------------------|--------------|--------------------|
| Address Street Number and Name:<br>1 World Trade Center, #1190 | City:<br>Long Beach | State:<br>CA | Zip Code:<br>90831 |
|--|---------------------|--------------|--------------------|

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| 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.

(b)(4)

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>(1) Business Name:</b><br>A.B. Hospitality (Hampton Inn & Suite) |  | <b>Industry Category Title:</b><br>Hotels |                           |
| <b>Address (Street Number and Name):</b><br>7307 Artesia Blvd.      | <b>City:</b><br>Buena Park               | <b>State:</b><br>CA                       | <b>Zip Code:</b><br>90621 |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                   |                           |
| [Redacted]  |  |   |                           |
| <b>(2) Business Name:</b>   |  | <b>Industry Category Title:</b>           |                           |
| <b>Address (Street Number and Name):</b>                            | <b>City:</b>                             | <b>State:</b>                             | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                   |                           |

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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>John Shen | <b>Date (mm/dd/yyyy)</b><br>12/11/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(562) 449-0139  | <b>E-Mail Address</b><br>john.shen@usa-rc.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>STEELE | First<br>STEPHEN | Middle<br>M |
|----------------------|------------------|-------------|

In Care Of: USCFID

Street Address/P.O. Box: 1266 W PACES FERRY ROAD, 142

|                      |           |                 |
|----------------------|-----------|-----------------|
| City: ATLANTA (b)(6) | State: GA | Zip Code: 30327 |
|----------------------|-----------|-----------------|

|                            |                                     |  |
|----------------------------|-------------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): N/A | Telephone Number (include area code): (404) 931-2800 |
|----------------------------|-------------------------------------|--|

Web site address: www.uscfid.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1414351763/ID1414351763

**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: USCFID Georgia LLC

Street Address/P.O. Box: 1266 W PACES FERRY RD, 142

|               |           |                 |
|---------------|-----------|-----------------|
| City: ATLANTA | State: GA | Zip Code: 30327 |
|---------------|-----------|-----------------|

|                                  |                                     |   |
|----------------------------------|-------------------------------------|---|
| Web site Address: www.uscfid.com | Fax Number (include area code): N/A | Telephone (include area code): (404) 931-2800 |
|----------------------------------|-------------------------------------|---|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

|       |           |           |
|-------|-----------|-----------|
| City: | State: GA | 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): |
|-------------------|---------------------------------|--------------------------------|



**RCW1536454029**

5233 RECD CSC15DEC28 16:04

**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".)

|   |   |  |
|---|---|--|
| <b>a. Industry Category Title:</b><br>Commercial and Industrial Building Construction |   | <b>NAICS Code for the Industry Category</b><br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |
|   |   |  |
| <b>b. Industry Category Title:</b><br>New Single Family Housing Construction          |   | <b>NAICS Code for the Industry Category</b><br>2 3 6 1 1 5 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |
|   |   |  |
| <b>c. Industry Category Title:</b><br>Fitness & Recreational Sports Center            |   | <b>NAICS Code for the Industry Category</b><br>7 1 3 9 4 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>a. Name of Commercial Enterprise:</b><br>N/A   |   | <b>Industry Category Title:</b><br>(b)(4) |           |
| Address (Street Number and Name):   | City:                                       | State:                                    | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |   |           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b><br>N/A          |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

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

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>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.)

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

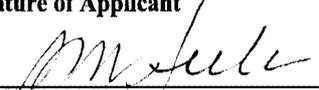
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>USCFID GEORGIA LLC/By S Steele, Mgr | <b>Date (mm/dd/yyyy)</b><br>12/15/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(404) 931-2800  | <b>E-Mail Address</b><br>ssteele@uscfid.com                             |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

98-61 1203051-050 038  
5326

**Part 1. Information About Principal of the Regional Center**

|                      |             |                   |
|----------------------|-------------|-------------------|
| Name: Last<br>Rattan | First<br>Al | Middle<br>William |
|----------------------|-------------|-------------------|

In Care Of:

Street Address/P.O. Box: 25467 Medical Center Dr. Suite 201

|                               |   |   |
|-------------------------------|---|---|
| City: Murrieta<br>(b)(6)      | State: CA   | Zip Code: 92562   |
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (951) 600-0080 | Telephone Number<br>(include area code): (951) 600-8600 |

Web site address: www.usacontinentalrc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1034350082

**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 Continental Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 25467 Medical Center Dr, Suite 201 |   |  |
| City: Murrieta  | State: CA   | Zip Code: 92562                                  |
| Web site www.usacontinentalrc.<br>Address: com              | Fax Number<br>(include area code): (951) 600-0080 | Telephone<br>(include area code): (951) 600-8600 |

**B. Name of Managing Company/Agency:** USA Continental Regional Center, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 25467 Medical Center Dr, Suite 201 |   |  |
| City: Murrieta  | State: CA   | Zip Code: 92562                                  |
| Web site www.usacontinentalrc.<br>Address: com              | Fax Number<br>(include area code): (951) 600-0080 | Telephone<br>(include area code): (951) 600-8600 |

**C. Name of Other Agent:**

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



**RCW1535653802**

maginger 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 |
| [Redacted]                        | No Data To Report                          | 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>a. Industry Category Title:</b><br>Retail Trade & Food and Beverage Stores (NAICS 445) |  | <b>NAICS Code for the Industry Category</b><br>4 4 - 4 5   |  |
| Aggregate EB-5 Capital Investment:<br>No Data To Report                                   | Aggregate Direct and Indirect Job Creation:<br>No Data To Report | Aggregate Jobs Maintained:<br>n/a                          |  |
| <b>b. Industry Category Title:</b><br>Assisted Living Facilities for the Elderly          |  | <b>NAICS Code for the Industry Category</b><br>6 2 3 3 1 2 |  |
| Aggregate EB-5 Capital Investment:<br>[Redacted]  | Aggregate Direct and Indirect Job Creation:<br>No Data To Report | Aggregate Jobs Maintained:<br>n/a                          |  |
| <b>c. Industry Category Title:</b><br>Medical & Health Care - Diagnostic Imaging Centers  |  | <b>NAICS Code for the Industry Category</b><br>6 2 1 5 1 2 |  |
| Aggregate EB-5 Capital Investment:<br>No Data To Report                                   | Aggregate Direct and Indirect Job Creation:<br>No Data To Report | Aggregate Jobs Maintained:<br>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>a. Name of Commercial Enterprise:</b><br>USAContinental Regional Center Project I,LP  |  | <b>Industry Category Title:</b><br>Retail Shopping Center |                           |
| <b>Address (Street Number and Name):</b><br>25467 Medical Center Dr.   | <b>City:</b><br>Murrieta   | <b>State:</b><br>CA                                       | <b>Zip Code:</b><br>92562 |
| Aggregate EB-5 Capital Investment:<br>No Data to Report  | Aggregate Direct and Indirect Job Creation:<br>No Data to Report | Aggregate Jobs Maintained:<br>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.

|  |   |  |                           |
|--|---|--|---------------------------|
| <b>(1) Business Name:</b><br>Continental East Development-8.1 LLC    |   | <b>Industry Category Title:</b><br>Commercial Retail Shopping Center |                           |
| <b>Address (Street Number and Name):</b><br>25467 Medical Center Dr. | <b>City:</b><br>Murrieta                                      | <b>State:</b><br>CA  | <b>Zip Code:</b><br>92562 |
| <b>EB-5 Capital Investment:</b><br>No Data To Report                 | <b>Direct and Indirect Job Creation:</b><br>No Data To Report | <b>Jobs Maintained:</b><br>n/a                                       |                           |
| <b>(2) Business Name</b>   |   | <b>Industry Category Title:</b>                                      |                           |
| <b>Address (Street Number and Name):</b>                             | <b>City:</b>  | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                      | <b>Direct and Indirect Job Creation:</b>                      | <b>Jobs Maintained:</b>  |                           |

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>USAContinental Regional Center ProjectII,LP |   | <b>Industry Category Title:</b><br>Medical & Health Care Center |                           |
| <b>Address (Street Number and Name):</b><br>25467 Medical Center Dr.                    | <b>City:</b><br>Murrieta  | <b>State:</b><br>CA   | <b>Zip Code:</b><br>92562 |
| <b>Aggregate EB-5 Capital Investment:</b><br>No Data To Report                          | <b>Aggregate Direct and Indirect Job Creation:</b><br>No Data To Report | <b>Aggregate Jobs Maintained:</b><br>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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Continental East Fund IV, LLC           |  | <b>Industry Category Title:</b><br>Medical & Health Care Center |                           |
| <b>Address (Street Number and Name):</b><br>25467 Medical Center Dr. | <b>City:</b><br>Murrieta                                     | <b>State:</b><br>CA   | <b>Zip Code:</b><br>92562 |
| <b>EB-5 Capital Investment</b><br>No Date To Report                  | <b>Direct and Indirect Job Creation</b><br>No Data To Report | <b>Jobs Maintained</b><br>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:               |           |
| USA ContinentalRegionalCenter Project III,LP |   | Assisted Living Facilities for Elderly |           |
| Address (Street Number and Name):            | City:                                       | State:                                 | Zip Code: |
| 25467 Medical Center Dr.                     | Murrieta                                    | CA                                     | 92562     |
| Aggregate EB-5 Capital Investment:           | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:             |           |
| (b)(4)                                       | No Data To Report                           | 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:               |           |
| Continental East Fund VII, LLC    |                                   | Assisted Living Facilities for Elderly |           |
| Address (Street Number and Name): | City:                             | State:                                 | Zip Code: |
| 25467 Medical Center Dr.          | Murrieta                          | CA                                     | 92562     |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                       |           |
| (b)(4)                            | No Data To Report                 | 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:<br>USAContinentalRegionalCenter Project IV, LP |  | Industry Category Title:<br>Assisted Living Facilities for Elderly |                    |
| Address (Street Number and Name):<br>25467 Medical Center Dr                     | City:<br>Murrieta  | State:<br>CA   | Zip Code:<br>92562 |
| Aggregate EB-5 Capital Investment:<br>No Data To Report                          | Aggregate Direct and Indirect Job Creation:<br>No Data To Report | Aggregate Jobs Maintained:<br>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:<br>Continental East Fund VI, LLC          |  | Industry Category Title:<br>Assisted Living Facilities for Elderly |                    |
| Address (Street Number and Name):<br>25467 Medical Center Dr | City:<br>Murrieta                                      | State:<br>CA   | Zip Code:<br>92562 |
| EB-5 Capital Investment:<br>No Data to Report                | Direct and Indirect Job Creation:<br>No Data to Report | Jobs Maintained:<br>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:<br>USACRC RVIndio, LP    |  | Industry Category Title:<br>Assisted Living Facility for Eldery |                    |
| Address Street Number and Name:<br>Jefferson St - no # yet | City:<br>Indio   | State:<br>CA  | Zip Code:<br>92203 |
| Aggregate EB-5 Capital Investment:<br>No Data to Report    | Aggregate Direct and Indirect Job Creation:<br>No Data to Report | Aggregate Jobs Maintained:<br>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.

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>(1) Business Name:</b><br>Continental East Fund IX, LLC          |   | <b>Industry Category Title:</b><br>Assisted Living Facility for Elderly |                           |
| <b>Address (Street Number and Name):</b><br>25467 Medical Center Dr | <b>City:</b><br>Murrieta                                      | <b>State:</b><br>CA   | <b>Zip Code:</b><br>92562 |
| <b>EB-5 Capital Investment:</b><br>No Data to Report                | <b>Direct and Indirect Job Creation:</b><br>No Data to Report | <b>Jobs Maintained:</b><br>n/a  |                           |
| <b>(2) Business Name:</b>   |   | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>                            | <b>City:</b>  | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b>                      | <b>Jobs Maintained:</b>   |                           |

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.

|   |   |  |
|---|---|--|
| <b>Signature of Applicant</b><br>      | <b>Printed Name of Applicant</b><br>Alvin Rattan      | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(951) 600-8600   | <b>E-Mail Address</b><br>al.rattan@continentaldev.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Sole-Manager and 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

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

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

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

10-01 (2/2005) 0301 0301 5326

**Part 1. Information About Principal of the Regional Center**

|                      |               |        |
|----------------------|---------------|--------|
| Name: Last<br>Bailey | First<br>Chad | Middle |
|----------------------|---------------|--------|

In Care Of: American VIP LLC

Street Address/P.O. Box: 8555 N. River Road, Suite 220

|                           |           |                 |
|---------------------------|-----------|-----------------|
| City: Indianapolis (b)(6) | State: IN | Zip Code: 46240 |
|---------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 317-863-1099 | Telephone Number (include area code): 317-702-8484 |
|----------------------------|--|--|

Web site address: <http://americanvip.us>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1114750218/W09001490

**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 VIP LLC **\*\*The regional center is changing its name from Energize-ECI EB-5 Visa Regional Center, LLC to American VIP LLC. See RCW1505652612**

Street Address/P.O. Box: 8555 N. River Road, Suite 220

|                    |           |                 |
|--------------------|-----------|-----------------|
| City: Indianapolis | State: IN | Zip Code: 46240 |
|--------------------|-----------|-----------------|

|   |  |   |
|---|--|---|
| Web site Address: <a href="http://americanvip.us">http://americanvip.us</a> | Fax Number (include area code): 317-863-1099 | Telephone (include area code): 317-702-8484 |
|---|--|---|

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



**RCW1535853914**

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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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Agriculture, Forestry, Fishing & Hunting |   | NAICS Code for the Industry Category<br><u>1</u> <u>1</u> <u>2</u> <u>5</u> <u>1</u> <u>1</u> |
| Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
| [Redacted]  |   |   |

|   |   |   |
|---|---|---|
| b. Industry Category Title:<br>Construction |   | NAICS Code for the Industry Category<br><u>2</u> <u>3</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
| [Redacted]                                  |   |   |

|  |   |   |
|--|---|---|
| c. Industry Category Title:<br>Manufacturing (Advanced Technologies) |   | NAICS Code for the Industry Category<br><u>3</u> <u>3</u> <u>4</u> <u>1</u> <u>1</u> <u>2</u> |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
| [Redacted]   |   |   |

- 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:<br>N/A  |  | (b)(4)                                      |  | Industry Category Title:   |           |
| Address (Street Number and Name):   |  | City:                                       |  | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  |  | Aggregate Direct and Indirect Job Creation: |  | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |  |   |  |                            |           |

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

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

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

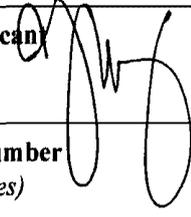
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

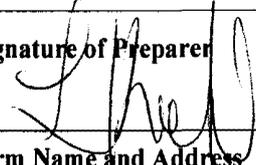
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Chad Bailey | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>317-702-8484  | <b>E-Mail Address</b><br>baileyc@americanvip.us |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Laura Foote Reiff     | <b>Date (mm/dd/yyyy)</b><br>12/22/15     |
| <b>Firm Name and Address</b><br>Greenberg Traurig LLP - TCO<br>1750 Tysons Boulevard, #1000<br>McLean, VA 22102     |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>703- 749-1372  | <b>Fax Number (Area/Country Codes)</b><br>(703) 749-1301 | <b>E-Mail Address</b><br>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<br>Dobbs   | First<br>David                               | Middle<br>Ellis                                    |
| In Care Of: US EB5 Association, LLC   |  |  |
| Street Address/P.O. Box: 3311 Woods Blvd  |  |  |
| City: Tyler (b)(6)  | State: Texas                                 | Zip Code: 75707                                    |
| Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Fax Number (include area code): 903-595-1999 | Telephone Number (include area code): 903-595-1160 |
| Web site address: www.useb5association.com  |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1422351845/ID 1422351845

**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 EB5 Association/Texas Regional Center

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3311 Woods Blvd |  |   |
| City: Tyler                              | State: Texas                                 | Zip Code: 75707                             |
| Web site Address: useb5association.com   | Fax Number (include area code): 903-595-1999 | Telephone (include area code): 903-595-1160 |

**B. Name of Managing Company/Agency:** David E. Dobbs

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3311 Woods Blvd |  |   |
| City: Tyler                              | State: Texas                                 | Zip Code: 75707                             |
| Web site Address: useb5association.com   | Fax Number (include area code): 903-595-1999 | Telephone (include area code): 903-595-1160 |

**C. Name of Other Agent:** Gary L. Perkins

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 4201 Wingren Drive, Suite 210 |  |   |
| City: Irving   | State: Texas                                 | Zip Code: 75062                             |
| Web site Address: useb5association.com                 | Fax Number (include area code): 903-595-1999 | Telephone (include area code): 469-688-7798 |



**RCW1536354008**

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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 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<br>N/A | Aggregate Direct and Indirect Job Creation<br>N/A | Aggregate Jobs Maintained<br>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:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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:<br>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:<br>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:  |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

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

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

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

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

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>David E. Dobbs | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>903-595-1160  | <b>E-Mail Address</b><br>david@davidedobbs.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>Xu | First<br>Bing | Middle |
|------------------|---------------|--------|

In Care Of: Bing Xu

Street Address/P.O. Box: 215 South Monroe St STE 303

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: Tallahassee (b)(6) | State: FL | Zip Code: 32301 |
|--------------------------|-----------|-----------------|

|                            |                                 |  |
|----------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (850) 294-6959 |
|----------------------------|---------------------------------|--|

Web site address: www.sseb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1300751052

**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:** Sunshine State EB5 Regional Center

Street Address/P.O. Box: 215 South Monroe Street, Suite 303

|                                    |                                 |   |
|------------------------------------|---------------------------------|---|
| City: Tallahassee                  | State: FL                       | Zip Code: 32301                               |
| Web site www.sseb5.com<br>Address: | Fax Number (include area code): | Telephone (include area code): (850) 294-6959 |

**B. Name of Managing Company/Agency:** Sunshine State EB5 Regional Center, LLC

Street Address/P.O. Box: 215 South Monroe Street, Suite 303

|                                    |                                 |   |
|------------------------------------|---------------------------------|---|
| City: Tallahassee                  | State: FL                       | Zip Code: 32301                               |
| Web site www.sseb5.com<br>Address: | Fax Number (include area code): | Telephone (include area code): (850) 294-6959 |

**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): |



**RCW1600554155**

RCW 1600554155 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<br>NA | Aggregate Direct and Indirect Job Creation<br>NA | Aggregate Jobs Maintained<br>NA |
|---|--|---------------------------------|

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:<br>Construction           |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| b. Industry Category Title:<br>Architectural Services |   | NAICS Code for the Industry Category<br>5 4 1 3 1 0 |
| Aggregate EB-5 Capital Investment:                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| c. Industry Category Title:<br>Engineering Services   |   | NAICS Code for the Industry Category<br>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:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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.)

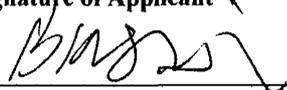
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Bing Xu   | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(850) 294-6959  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

REC'D CSC 15DEC29 2016  
5233

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Campion  | First<br>Jeffrey                               | Middle<br>Edmond                                     |
| In Care Of: N/A  |  |  |
| Street Address/P.O. Box: 1675 MARKET STREET, SUITE 203   |  |  |
| City: Weston (b)(6)  | State: FL                                      | Zip Code: 33326                                      |
| Date of Birth (mm/dd/yyyy) [Redacted]  | Fax Number (include area code): (855) 999-4772 | Telephone Number (include area code): (855) 999-4772 |
| Web site address: www.sunshinestateeb5.com   |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | ID1324951207   |

**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:** Sunshine State Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1675 Market Street, Suite 203 |  |   |
| City: Weston   | State: FL                                      | Zip Code: 33326                               |
| Web site www.sunshinestateeb5.com<br>Address: com      | Fax Number (include area code): (855) 999-4772 | Telephone (include area code): (855) 999-4772 |

**B. Name of Managing Company/Agency:** Pathways EB-5, Inc.

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1675 Market Street, Suite 203 |  |   |
| City: Weston   | State: FL                                      | Zip Code: 33326                               |
| Web site www.pathwayseb5.com<br>Address:               | Fax Number (include area code): (855) 999-4772 | Telephone (include area code): (855) 999-4772 |

**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): |



**RCW1600454130**

**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)

|  |   |
|--|---|
| <b>a. Industry Category Title:</b><br>Construction | NAICS Code for the Industry Category<br>2 3 0 0 0 0 |
|--|---|

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

(b)(4)

|   |   |
|---|---|
| <b>b. Industry Category Title:</b><br>Accommodation | NAICS Code for the Industry Category<br>7 2 1 1 0 0 |
|---|---|

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

(b)(4)

|   |   |
|---|---|
| <b>c. Industry Category Title:</b><br>Architecture & engineering services | NAICS Code for the Industry Category<br>5 4 1 3 0 0 |
|---|---|

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | 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)

|  |   |
|--|---|
| <b>a. Name of Commercial Enterprise:</b><br>Artis senior living Boca Raton fund, LLC | <b>Industry Category Title:</b><br>Construction *See attachment |
|--|---|

|   |                        |                     |                           |
|---|------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>1651 Old Meadow Road, | <b>City:</b><br>McLean | <b>State:</b><br>VA | <b>Zip Code:</b><br>22102 |
|---|------------------------|---------------------|---------------------------|

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Artis Senior Living of Boca Raton, LLC |  | <b>Industry Category Title:</b><br>Constructoin *See attachment |                           |
| <b>Address (Street Number and Name):</b><br>1651 Old Meadow Road    | <b>City:</b><br>McLean                   | <b>State:</b><br>VA   | <b>Zip Code:</b><br>22102 |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>N/A                                  |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                                 |                           |
| <b>Address (Street Number and Name):</b>                            | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

(b)(4)

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Apeiron Miami Lenders, LLC    |  | <b>Industry Category Title:</b><br>Construction *See attachment |                           |
| <b>Address (Street Number and Name):</b><br>1 S.E. Third Ave., 25th Floor | <b>City:</b><br>Miami                              | <b>State:</b><br>FL   | <b>Zip Code:</b><br>33131 |
| <b>Aggregate EB-5 Capital Investment:</b>                                 | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b><br>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?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Apeiron Miami, LLC                 |   | <b>Industry Category Title:</b><br>Construction *See attachment |                           |
| <b>Address (Street Number and Name):</b><br>11111 Biscayne Blvd | <b>City:</b><br>Miami                   | <b>State:</b><br>FL   | <b>Zip Code:</b><br>33131 |
| <b>EB-5 Capital Investment</b>                                  | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b><br>N/A                                   |                           |

(b)(4)

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

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

|  |   |  |                    |
|--|---|--|--------------------|
| c. Name of Commercial Enterprise:<br>Related SLS Miami Brickell, LLC |   | Industry Category Title:<br>Construction |                    |
| Address (Street Number and Name):<br>60 Columbus Circle, Floor 19    | City:<br>New York                           | State:<br>NY                             | Zip Code:<br>10023 |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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?  No  Yes

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

|  |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| (1) Business Name:<br>1300 S. Miami JV, LLC              |                                   | Industry Category Title:<br>Construction |                    |
| Address (Street Number and Name):<br>315 S Biscayne Blvd | City:<br>Miami                    | State:<br>FL                             | Zip Code:<br>33131 |
| EB-5 Capital Investment:                                 | Direct and Indirect Job Creation: | Jobs Maintained:<br>N/A                  |                    |

(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)**

|   |  |  |  |
|---|--|--|--|
| <b>d. Name of Commercial Enterprise:</b><br>American Opportunity Franchise Fund II LP |  | <b>Industry Category Title:</b><br>Food Services and Drinking Places |  |
|---|--|--|--|

|  |                       |                     |                           |
|--|-----------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>501 Brickell Key Drive | <b>City:</b><br>Miami | <b>State:</b><br>FL | <b>Zip Code:</b><br>33131 |
|--|-----------------------|---------------------|---------------------------|

(b)(4)

|   |  |  |
|---|--|--|
| <b>Aggregate EB-5 Capital Investment:</b><br>[Redacted] | <b>Aggregate Direct and Indirect Job Creation:</b><br>[Redacted] | <b>Aggregate Jobs Maintained:</b><br>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.

|  |  |  |  |
|--|--|--|--|
| <b>(1) Business Name:</b><br>LCR Franchise Finance LLC |  | <b>Industry Category Title:</b><br>Food Services and Drinking Places |  |
|--|--|--|--|

|  |                          |                     |                           |
|--|--------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>8 Wright Street. | <b>City:</b><br>Westport | <b>State:</b><br>CT | <b>Zip Code:</b><br>06880 |
|--|--------------------------|---------------------|---------------------------|

(b)(4)

|   |  |                                |
|---|--|--------------------------------|
| <b>EB-5 Capital Investment:</b><br>[Redacted] | <b>Direct and Indirect Job Creation:</b><br>[Redacted] | <b>Jobs Maintained:</b><br>N/A |
|---|--|--------------------------------|

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>(2) Business Name:</b> |  | <b>Industry Category Title:</b> |  |
|---------------------------|--|---------------------------------|--|

|  |              |               |                  |
|--|--------------|---------------|------------------|
| <b>Address (Street Number and Name):</b> | <b>City:</b> | <b>State:</b> | <b>Zip Code:</b> |
|--|--------------|---------------|------------------|

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
|---------------------------------|--|-------------------------|

|  |  |   |  |
|--|--|---|--|
| <b>e. Name of Commercial Enterprise:</b><br>700 Edgewater EB-5 Fund, LLC |  | <b>Industry Category Title:</b><br>Construction |  |
|--|--|---|--|

|  |                       |                     |                           |
|--|-----------------------|---------------------|---------------------------|
| <b>Address Street Number and Name:</b><br>4100 NE 2nd Avenue | <b>City:</b><br>Miami | <b>State:</b><br>FL | <b>Zip Code:</b><br>33137 |
|--|-----------------------|---------------------|---------------------------|

(b)(4)

|   |  |  |
|---|--|--|
| <b>Aggregate EB-5 Capital Investment:</b><br>[Redacted] | <b>Aggregate Direct and Indirect Job Creation:</b><br>[Redacted] | <b>Aggregate Jobs Maintained:</b><br>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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>700 Edgewater Development, LLC    |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>4100 NE 2nd Avenue | <b>City:</b><br>Miami                              | <b>State:</b><br>FL                             | <b>Zip Code:</b><br>33137 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                      | <b>Direct and Indirect Job Creation:</b><br>(b)(4) | <b>Jobs Maintained:</b><br>N/A                  |                           |
| <b>(2) Business Name:</b>                                      |  | <b>Industry Category Title:</b>                 |                           |
| <b>Address (Street Number and Name):</b>                       | <b>City:</b>                                       | <b>State:</b>                                   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>                         |                           |

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)                                 |        |         |

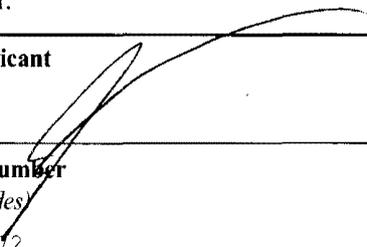
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Jeffrey Campion | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(855) 999-4772  | <b>E-Mail Address</b><br>jccampion@pathwayseb5.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

REC'D CIV 1505014 2015 5338

**Part 1. Information About Principal of the Regional Center**

|  |  |  |                 |
|--|--|--|-----------------|
| Name: Last<br>Gunderson  |  | First<br>David                                       | Middle<br>E     |
| 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): (214) 310-1369 | Telephone Number (include area code): (214) 310-1369 |                 |
| Web site address: www.usfreedomcap.com   |  |  |                 |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | RCID1132550355                                       |                 |

**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:** Texas EB-5 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): (214) <del>347-1369</del> 7122 | Telephone (include area code): (888) 519-8331 |

**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): (214) <del>310-1369</del> 347-7122 | Telephone (include area code): (888) 519-8331 |

**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): |



**RCW1534853640**

**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 |
| [Redacted]                        |  |                           |

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

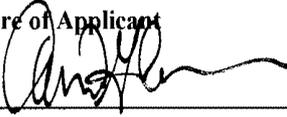
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

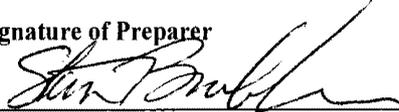
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>David Gunderson | <b>Date (mm/dd/yyyy)</b><br>12/07/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 310-1369  | <b>E-Mail Address</b><br>david@usfreedomcap.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Stan Bradshaw         | <b>Date (mm/dd/yyyy)</b><br>12/07/2015         |
| <b>Firm Name and Address</b><br>US Freedom Capital LLC<br>5851 Legacy Circle, Suite 600<br>Plano TX 75024           |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 390-9728   | <b>Fax Number (Area/Country Codes)</b><br>(214) 390-9728 | <b>E-Mail Address</b><br>Stan@usfreedomcap.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<br>Gunderson                                | First<br>David                             | Middle<br>E                                      |
| In Care Of: Texas Longhorn Investments LLC             |  |  |
| 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): 8885198331 |
| Web site address: www.txeb5rc.com                      |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCID1132550355

**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:** Texas EB-5 Regional Center

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 5851 Legacy Circle, Suite 600 |  |   |
| City: Plano  | State: TX                                  | Zip Code: 75024                           |
| Web site Address: www.txeb5rc.com                      | Fax Number (include area code): 2143909728 | Telephone (include area code): 8885198331 |

**B. Name of Managing Company/Agency:** Texas Longhorn Investments LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 5851 Legacy Circle, Suite 600 |  |   |
| City: Plano  | State: TX                                  | Zip Code: 75024                           |
| Web site Address: TEXASLONGHORN INVESTMENTS.COM        | Fax Number (include area code): 2143909728 | Telephone (include area code): 8885198331 |

**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): |



**RCW1608254285**

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

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

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

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

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

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

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

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

Does this EB-5 commercial enterprise 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:<br><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:<br><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 |
|  |        |         |

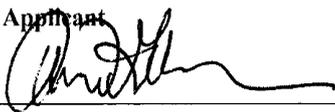
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

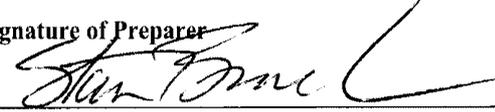
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>DAVID GUNDERSON | <b>Date (mm/dd/yyyy)</b><br>03/16/2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>888 519 8331  | <b>E-Mail Address</b><br>DAVID@USFREEDOMCAP.COM     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Stan Bradshaw     | <b>Date (mm/dd/yyyy)</b><br>02/05/2016         |
| <b>Firm Name and Address</b><br>Texas Longhorn Investments LLC, 5851 Legacy Circle, Suite 600, Plano TX 75024       |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>8885198331   | <b>Fax Number (Area/Country Codes)</b><br>2143909728 | <b>E-Mail Address</b><br>stan@usfreedomcap.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<br>Zou | First<br>Dandan | Middle |
|-------------------|-----------------|--------|

In Care Of: Texas Investment Regional Center, LLC

Street Address/P.O. Box: 10500 Avery Club Dr. Unit 1

|              |           |                 |
|--------------|-----------|-----------------|
| City: Austin | State: TX | Zip Code: 78717 |
|--------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (512) 590-8692 | Telephone Number<br>(include area code): (512) 751-9479 |
|-------------------------------|---|---|

Web site address: www.texirc.com

USCIS-assigned number for the Designated Regional Center (attach the  
Regional Center's most recently issued approval notice) ID1225450756

**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:** Texas Investment Regional Center, LLC

Street Address/P.O. Box: 13785 Research Blvd, Suite 125

|              |           |                 |
|--------------|-----------|-----------------|
| City: Austin | State: TX | Zip Code: 78750 |
|--------------|-----------|-----------------|

|                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| Web site<br>Address: www.texirc.com | Fax Number<br>(include area code): | Telephone<br>(include area code): (512) 850-4991 |
|-------------------------------------|------------------------------------|--|

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

|       |                                 |           |
|-------|---------------------------------|-----------|
| City: | State: <input type="checkbox"/> | Zip Code: |
|-------|---------------------------------|-----------|

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

**C. Name of Other Agent:**

Street Address/P.O. Box:

|       |                                 |           |
|-------|---------------------------------|-----------|
| City: | State: <input type="checkbox"/> | Zip Code: |
|-------|---------------------------------|-----------|

|          |                                    |                                   |
|----------|------------------------------------|-----------------------------------|
| Web site | Fax Number<br>(include area code): | Telephone<br>(include area code): |
|----------|------------------------------------|-----------------------------------|



**RCW1536554092**

egarcia2 I924A 12/29/2015

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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<br>n/a | Aggregate Direct and Indirect Job Creation<br>n/a | Aggregate Jobs Maintained<br>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:<br>n/a |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>n/a  |   | Industry Category Title:<br>n/a  |           |
| Address (Street Number and Name):   | City:                                       | State:<br><input type="checkbox"/> <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:                |                                   | Industry Category Title:           |           |
| Address (Street Number and Name): | City:                             | State:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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     |

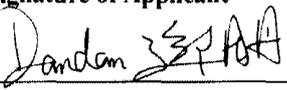
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Dandan Zou | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(512) 850-4991  | <b>E-Mail Address</b><br>dandan.zou@texirc.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

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5233

**Part 1. Information About Principal of the Regional Center**

|                   |                    |        |
|-------------------|--------------------|--------|
| Name: Last<br>LEI | First<br>LONGSHENG | Middle |
|-------------------|--------------------|--------|

In Care Of:

Street Address/P.O. Box: 2000 S EASTERN AVE

|                        |           |                 |
|------------------------|-----------|-----------------|
| City: LAS VEGAS (b)(6) | State: NV | Zip Code: 89104 |
|------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (702) 641-8812 | Telephone Number (include area code): (702) 641-8811 |
|----------------------------|--|--|

Web site address: WWW.LASVEGASARC.COM

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1318651173

**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 REGIONAL CENTER - LAS VEGAS, LLC

Street Address/P.O. Box: 2000 S EASTERN AVE

|                                       |  |   |
|---------------------------------------|--|---|
| City: LAS VEGAS                       | State: NV                                      | Zip Code: 89104                               |
| Web site Address: WWW.LASVEGASARC.COM | Fax Number (include area code): (702) 641-8812 | Telephone (include area code): (702) 641-8811 |

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): |



**RCW1536454053**

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

- 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:<br>Commercial&Institutional Building Co |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br>Assisted Living Facilities for Elder |   | NAICS Code for the Industry Category<br>6 2 3 3 1 2 |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:<br>(b)(4)                               |   | NAICS Code for the Industry Category<br>_ _ _ _ _   |
| 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:<br>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:<br>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:<br>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.)

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

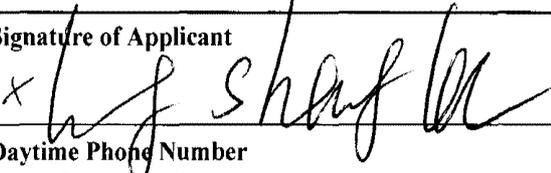
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>x  | <b>Printed Name of Applicant</b><br>LEI, LONGSHENG   | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(702) 641-8811  | <b>E-Mail Address</b><br> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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  contact you by Fax or E-mail?  No  Yes

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>JENNIFER HW TSAI      | <b>Date (mm/dd/yyyy)</b><br>12/17/2015           |
| <b>Firm Name and Address</b><br>JT LAW GROUP<br>1810 E SAHARA AVE., STE. 116<br>LAS VEGAS, NV 89104                 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(702) 727-3943   | <b>Fax Number (Area/Country Codes)</b><br>(702) 989-8358 | <b>E-Mail Address</b><br>JENNIFER@JTLAWGROUP.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<br>Yen | First<br>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

RCW1600554145 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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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:<br>Personal Services, Adult Care & Offices of Physicians |   | NAICS Code for the Industry Category<br>6 2 3 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
| [Redacted]   |   |   |  |
| b. Industry Category Title:<br>Construction  |   | NAICS Code for the Industry Category<br>2 3   |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
| [Redacted]   |   |   |  |
| c. Industry Category Title:<br>Professional, Scientific and Technical                |   | NAICS Code for the Industry Category<br>5 4 1 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
| [Redacted]   |   |   |  |

(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:<br>Americana One LLC   |   | Industry Category Title:   |   |
| Address (Street Number and Name):<br>150 N Santa Anita Ave 300   | City:<br>Arcadia                            | State:<br>CA               | Zip Code:<br>91006  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |   |
| [Redacted]   |   |                            |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Americana Project One LLC | <b>Industry Category Title:</b><br>Construction |
|--|---|

|  |                         |                     |                           |
|--|-------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>150 N Santa Anita Ave #300 | <b>City:</b><br>Arcadia | <b>State:</b><br>CA | <b>Zip Code:</b><br>91006 |
|--|-------------------------|---------------------|---------------------------|

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
| [Redacted]                      |  |                         |

|   |   |
|---|---|
| <b>(2) Business Name</b><br>Americana Project One LLC | <b>Industry Category Title:</b><br>Professional, Scientific and Technical |
|---|---|

|  |                         |                     |                           |
|--|-------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>150 N Santa Anita Ave #300 | <b>City:</b><br>Arcadia | <b>State:</b><br>CA | <b>Zip Code:</b><br>91006 |
|--|-------------------------|---------------------|---------------------------|

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
| [Redacted]                      |  |                         |

|   |                                 |
|---|---------------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Americana Hesperia Retirement Funding LLC | <b>Industry Category Title:</b> |
|---|---------------------------------|

|  |                         |                     |                           |
|--|-------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>150 N Santa Anita Ave #300 | <b>City:</b><br>Arcadia | <b>State:</b><br>CA | <b>Zip Code:</b><br>91006 |
|--|-------------------------|---------------------|---------------------------|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
| [Redacted]                                |  |                                   |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Americana Hesperia Retirement Project LLC | <b>Industry Category Title:</b><br>Construction |
|--|---|

|  |                         |                     |                           |
|--|-------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>150 N Santa Anita Ave #300 | <b>City:</b><br>Arcadia | <b>State:</b><br>CA | <b>Zip Code:</b><br>91006 |
|--|-------------------------|---------------------|---------------------------|

|                                |   |                        |
|--------------------------------|---|------------------------|
| <b>EB-5 Capital Investment</b> | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b> |
| [Redacted]                     |   |                        |

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

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(2) Business Name:</b><br>Americana Hesperia Retirement Project LLC |  | <b>Industry Category Title:</b><br>Professional, Scientific and Technical |                           |
| <b>Address (Street Number and Name):</b><br>150 N Santa Anita Ave #300 | <b>City:</b><br>Arcadia                  | <b>State:</b><br>CA   | <b>Zip Code:</b><br>91006 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
| (b)(4)   |  |   |                           |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

|  |   |                            |           |
|--|---|----------------------------|-----------|
| d. Name of Commercial Enterprise:<br>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:<br>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:<br>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:<br>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:<br>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:<br>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)                                 |        |         |

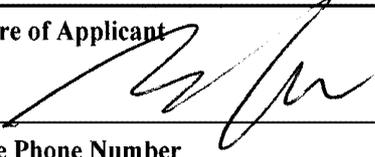
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Agnes Yen             | <b>Date (mm/dd/yyyy)</b><br>12/29/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>6268211855  | <b>E-Mail Address</b><br>agnes@americangreencardtoday.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

REC'D CSC/15DEC28 16:14  
5233

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Stone  | First<br>Stew                                  | Middle<br>W  |
| In Care Of: Tri-Cities Investment District, LLC                              |  |  |
| Street Address/P.O. Box: 2837 22nd, St. S.E. Suite 210                       |  |  |
| City: Salem  | State: OR                                      | Zip Code: 97302                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): (503) 990-7106 | Telephone Number (include area code): (503) 586-9005 |
| Web site address: <a href="http://www.tricitysid.com">www.tricitysid.com</a> |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1116450229 RC ID # 1116450229

**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:** Tri-Cities Investment District, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 2837 22nd St. Suite 210                                |  |   |
| City: Salem   | State: OR                                      | Zip Code: 97302                               |
| Web site <a href="http://www.tricitysid.com">www.tricitysid.com</a><br>Address: | Fax Number (include area code): (503) 990-7106 | Telephone (include area code): (503) 586-9005 |

**B. Name of Managing Company/Agency:** Tri-Cities Management, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 2837 22nd St. Suite 210 |  |   |
| City: Salem                                      | State: OR                                      | Zip Code: 97302                               |
| Web site none<br>Address:                        | Fax Number (include area code): (503) 990-7106 | Telephone (include area code): (503) 586-9005 |

**C. Name of Other Agent:** Tri-Cities Lenders, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 2837 22nd St. SE Suite |  |   |
| City: Salem                                     | State: OR                                      | Zip Code: 97302                               |
| Web site none                                   | Fax Number (include area code): (503) 990-7106 | Telephone (include area code): (503) 586-9005 |



**RCW1536554095**

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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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>a. Industry Category Title:</b><br>Residential Building Construction | <b>NAICS Code for the Industry Category</b><br>2  3  6  1<br>—  —  —  — |
|---|---|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
| [Redacted]                                |  |                                   |

|  |   |
|--|---|
| <b>b. Industry Category Title:</b><br>Commercial Building Construction | <b>NAICS Code for the Industry Category</b><br>2  3  6  2<br>—  —  —  — |
|--|---|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
| [Redacted]                                |  |                                   |

|   |   |
|---|---|
| <b>c. Industry Category Title:</b><br>Lessor of Real Estate | <b>NAICS Code for the Industry Category</b><br>5  3  1  1<br>—  —  —  — |
|---|---|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
| [Redacted]                                |  |                                   |

- 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>a. Name of Commercial Enterprise:</b><br>Redstone Apartments, LLC | <b>Industry Category Title:</b><br>Residential Building Construction |
|--|--|

|  |                       |                     |                           |
|--|-----------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>2837 22nd St. SE Suite 210 | <b>City:</b><br>Salem | <b>State:</b><br>OR | <b>Zip Code:</b><br>97302 |
|--|-----------------------|---------------------|---------------------------|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
| [Redacted]                                |  |                                   |

Does this EB-5 commercial enterprise 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:<br>Redstone Living, LLC                      |  | Industry Category Title:<br>Lessors Of Real Estate |                    |
| Address (Street Number and Name):<br>2837 22nd St. SE Suite 210 | City:<br>Salem                         | State:<br>OR                                       | Zip Code:<br>97302 |
| EB-5 Capital Investment:  | Direct and Indirect Job Creation:      | Jobs Maintained:                                   |                    |
| [Redacted]  |  |  |                    |
| (2) Business Name   |  | Industry Category Title:                           |                    |
| Address (Street Number and Name):                               | City:                                  | State:<br>OR                                       | Zip Code:          |
| EB-5 Capital Investment:<br>0                                   | Direct and Indirect Job Creation:<br>0 | Jobs Maintained:<br>0                              |                    |

|   |   |   |                    |
|---|---|---|--------------------|
| b. Name of Commercial Enterprise:<br>Parastone, LLC             |   | Industry Category Title:<br>Residential Building Construction |                    |
| Address (Street Number and Name):<br>2837 22nd St. SE Suite 210 | City:<br>Salem                              | State:<br>OR  | Zip Code:<br>97302 |
| Aggregate EB-5 Capital Investment:                              | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                    |                    |
| [Redacted]  |   |   |                    |

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

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

|  |                                  |  |                    |
|--|----------------------------------|--|--------------------|
| (1) Business Name:<br>Paragon Corpportate villa's, LLC |                                  | Industry Category Title:<br>Room and Boarding Houses |                    |
| Address (Street Number and Name):<br>2837 22nd St. SE  | City:<br>Salem                   | State:<br>OR   | Zip Code:<br>97302 |
| EB-5 Capital Investment                                | Direct and Indirect Job Creation | Jobs Maintained                                      |                    |
| [Redacted]   |                                  |  |                    |

**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:<br>Redstone Hotel 1, LLC |   | Industry Category Title:<br>Commercial Building Construction |                    |
| Address (Street Number and Name):<br>2837 22nd St. SE      | City:<br>Salem                              | State:<br>OR   | Zip Code:<br>97302 |
| 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:<br>Redstone Suites, LLC            |                                   | Industry Category Title:<br>Hotels(Except casino Hotels), & Motels |                    |
| Address (Street Number and Name):<br>2837 22nd St. SE | City:<br>Salem                    | State:<br>OR   | Zip Code:<br>97302 |
| 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:<br>Redstone hotel 2, LLC |  | Industry Category Title:<br>Commercial Building Construction |  |
|--|--|--|--|

|  |                |              |                    |
|--|----------------|--------------|--------------------|
| Address (Street Number and Name):<br>2837 22nd St SE | City:<br>Salem | State:<br>OR | Zip Code:<br>97302 |
|--|----------------|--------------|--------------------|

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| 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:<br>Redstone Lodging, LLC |  | Industry Category Title:<br>Hotels(except Casino Hotels) & Motel |  |
|---|--|--|--|

|  |                |              |                    |
|--|----------------|--------------|--------------------|
| Address (Street Number and Name):<br>2837 22nd St SE | City:<br>Salem | State:<br>OR | Zip Code:<br>97302 |
|--|----------------|--------------|--------------------|

|                          |                                   |                  |
|--------------------------|-----------------------------------|------------------|
| 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: |  | Industry Category Title: |  |
|-----------------------------------|--|--------------------------|--|

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

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

Does this EB-5 commercial enterprise 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 |
| [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.)

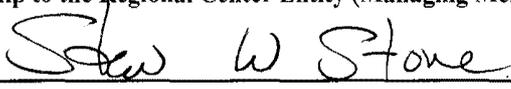
(b)(4)

| 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**.

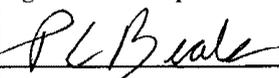
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|   |                                  |                          |
|---|----------------------------------|--------------------------|
| <b>Signature of Applicant</b>   | <b>Printed Name of Applicant</b> | <b>Date (mm/dd/yyyy)</b> |
|   | Stew W. Stone                    | 12/23/2015               |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)                                       | <b>E-Mail Address</b>            |                          |
| (503) 559-3013  | Stew@tricitidesid.com            |                          |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> |                                  |                          |
| 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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>  | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
|  | Paul C. Beals                          | 12/23/2015               |
| <b>Firm Name and Address</b>  |  |                          |
| Tri-Cities Investment District, LLC   |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)                                 | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |
| (503) 302-0132  | (503) 990-7106                         | paul@tricitidesid.com    |

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

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

REC'D CIVIL RIGHTS DIV 2/15/16

5338

**Part 1. Information About Principal of the Regional Center**

|                           |                   |              |
|---------------------------|-------------------|--------------|
| Name: Last<br>MASTROIANNI | First<br>NICHOLAS | Middle<br>A. |
|---------------------------|-------------------|--------------|

In Care Of: U.S. IMMIGRATION FUND-NJ, LLC

Street Address/P.O. Box: 115 FRONT STREET, SUITE 300

|   |   |   |
|---|---|---|
| City: JUPITER   | State: FL   | Zip Code: 33477   |
| Date of Birth<br>(mm/dd/yyyy): <span style="border: 1px solid black; padding: 2px;">(b)(6)</span> | Fax Number<br>(include area code): (561) 799-0061 | Telephone Number<br>(include area code): (561) 799-1883 |

Web site address: www.visaeb-5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1236250925/ I.D. 1236250925

**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.S. IMMIGRATION FUND-NJ, LLC

Street Address/P.O. Box: 115 FRONT STREET, SUITE 300

|                                       |   |  |
|---------------------------------------|---|--|
| City: JUPITER                         | State: FL   | Zip Code: 33477                                  |
| Web site<br>Address: www.visaeb-5.com | Fax Number<br>(include area code): (561) 799-0061 | Telephone<br>(include area code): (561) 799-1883 |

**B. Name of Managing Company/Agency:** U.S. IMMIGRATION FUND LLC

Street Address/P.O. Box: 115 FRONT STREET, SUITE 300

|                                       |   |  |
|---------------------------------------|---|--|
| City: JUPITER                         | State: FL   | Zip Code: 33477                                  |
| Web site<br>Address: www.visaeb-5.com | Fax Number<br>(include area code): (561) 799-0061 | Telephone<br>(include area code): (561) 799-1883 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

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



**RCW1534453564**

**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)                            | Total in Progress                          | 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:<br>CONSTRUCTION |  | NAICS Code for the Industry Category<br>2 3 6 0 |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation:<br>(Total in Progress) | Aggregate Jobs Maintained:<br>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:

|  |  |  |           |
|--|--|--|-----------|
| a. Name of Commercial Enterprise:<br>65 BAY STREET FUNDING LLC   |  | Industry Category Title:<br>CONSTRUCTION |           |
| Address (Street Number and Name):<br>SAME AS ABOVE   | City:  | State:                                   | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation:<br>(In Progress) | Aggregate Jobs Maintained:               |           |
| Does this EB-5 commercial enterprise serve as a 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:<br>SEE ATTACHMENTS |                                   | Industry Category Title: |           |
| Address (Street Number and Name):     | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:              | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [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.)

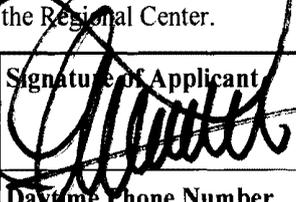
(b)(4)

| 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**.

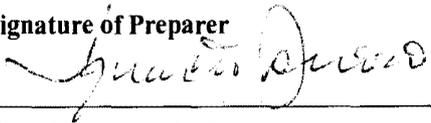
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>NICHOLAS A. MASTROIANNI | <b>Date (mm/dd/yyyy)</b><br>DEC. 1, 2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 799-1883  | <b>E-Mail Address</b><br>NICK@USIFUND.COM                   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |   |
|--|--|---|
| <b>Signature of Preparer</b><br>    | <b>Printed Name of Preparer</b><br>IGNACIO A. DONOSO | <b>Date (mm/dd/yyyy)</b><br>12/03/15                  |
| <b>Firm Name and Address</b><br>I.A. DONOSO & ASSOCIATES, LLC<br>4800 MONTGOMERY LANE, SUITE 640<br>BETHESDA, MD 20814 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(301) 276-0654  | <b>Fax Number (Area/Country Codes)</b>               | <b>E-Mail Address</b><br>IGNACIO.DONOSO@DONOSOLAW.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<br>Luan  | First<br>Zhen (Lambert)              | Middle<br>N/A  |
| In Care Of: Zhen Luan   |                                      |  |
| Street Address/P.O. Box: 15405 SE 9th Street  |                                      |  |
| City: Bellevue (b)(6)   | State: WA                            | Zip Code: 98007                                      |
| Date of Birth (mm/dd/yyyy)  | Fax Number (include area code): none | Telephone Number (include area code): (206) 313-8995 |
| Web site address: none  |                                      |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1409851724/ID1409851724 |                                      |  |

**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:** Dynasty Group Regional Center, LLC

|  |                                      |   |
|--|--------------------------------------|---|
| Street Address/P.O. Box: 15405 SE 9th Street |                                      |   |
| City: Bellevue                               | State: WA                            | Zip Code: 98007                               |
| Web site none<br>Address:                    | Fax Number (include area code): none | Telephone (include area code): (206) 313-8995 |

**B. Name of Managing Company/Agency:** Dynasty Group, LLC

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: 15405 SE 9th Street |                                 |   |
| City: Bellevue                               | State: WA                       | Zip Code: 98007                               |
| Web site n/a<br>Address:                     | Fax Number (include area code): | Telephone (include area code): (206) 313-8995 |

**C. Name of Other Agent:** Zhen Luan

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: 15405 SE 9th Street |                                 |   |
| City: Bellevue                               | State: WA                       | Zip Code: 98007                               |
| Web site n/a                                 | Fax Number (include area code): | Telephone (include area code): (206) 313-8995 |



**RCW1536353985**

egarcia2 I924A 12/28/2015

RCW1536353985 1-1-13 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<br>n/a | Aggregate Direct and Indirect Job Creation<br>n/a | Aggregate Jobs Maintained<br>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:<br>Residential Building Construction         |   | NAICS Code for the Industry Category<br>2 3 6 1 |
| Aggregate EB-5 Capital Investment:<br>na                                 | Aggregate Direct and Indirect Job Creation:<br>na | Aggregate Jobs Maintained:<br>na                |
| b. Industry Category Title:<br>Offices of Real Estate Agents and Brokers |   | NAICS Code for the Industry Category<br>5 3 1 2 |
| Aggregate EB-5 Capital Investment:<br>na                                 | Aggregate Direct and Indirect Job Creation:<br>na | Aggregate Jobs Maintained:<br>na                |
| c. Industry Category Title:<br>Architectural and Engineering             |   | NAICS Code for the Industry Category<br>5 4 2 3 |
| Aggregate EB-5 Capital Investment:<br>na                                 | Aggregate Direct and Indirect Job Creation:<br>na | Aggregate Jobs Maintained:<br>na                |

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:<br>None   |  | Industry Category Title:<br>N/A   |           |
| Address (Street Number and Name):<br>n/a  | City:<br>n/a                                       | State:<br>WA                      | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>n/a   | Aggregate Direct and Indirect Job Creation:<br>n/a | Aggregate Jobs Maintained:<br>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.

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b><br>WA             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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:<br>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:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

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

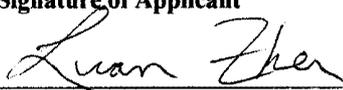
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.*

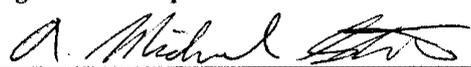
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Zhen Luan   | <b>Date (mm/dd/yyyy)</b><br>12/22/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>206-313-8995  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |   |   |
|---|---|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Aaron Michael Streit, Esq. | <b>Date (mm/dd/yyyy)</b><br>12/23/15              |
| <b>Firm Name and Address</b><br>Streit & Su, PLLC<br>11900 NE 1st Street, Suite 300<br>Bellevue, WA 98005           |   |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>425-802-6566   | <b>Fax Number (Area/Country Codes)</b>                        | <b>E-Mail Address</b><br>amstreit@streitsulaw.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<br>JUNG  | First<br>SIMON                  | Middle   |
| In Care Of: SYNERGY CALIFORNIA GREEN HOSPITALITY REGIONAL CENTER, LLC |                                 |  |
| Street Address/P.O. Box: 10835 NORTH WOLFE ROAD                       |                                 |  |
| City: CUPERTINO (b)(6)  | State: CA                       | Zip Code: 95014                                  |
| Date of Birth (mm/dd/yyyy)  | Fax Number (include area code): | Telephone Number (include area code): 5103979598 |
| Web site address: WWW.SYNERGYEB5.COM                                  |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001270

**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:** SYNERGY CALIFORNIA GREEN HOSPITALITY REGIONAL CENTER, LLC

Street Address/P.O. Box: 848 STEWART DRIVE SUITE 101

|                                      |                                 |   |
|--------------------------------------|---------------------------------|---|
| City: SUNNYVALE                      | State: CA                       | Zip Code: 94085                           |
| Web site Address: WWW.SYNERGYEB5.COM | Fax Number (include area code): | Telephone (include area code): 5103979598 |

**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): |



RCW1600654194

5263

**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:<br>RESIDENTIAL BUILDING CONSTRUCTION      |   | NAICS Code for the Industry Category<br>0 0 2 3 6 1 |  |
| Aggregate EB-5 Capital Investment:                                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |
| b. Industry Category Title:<br>NON-RESIDENTIAL BUILDING CONSTRUCTION  |   | NAICS Code for the Industry Category<br>0 0 2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:                                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |
| c. Industry Category Title:<br>FURNITURE AND HOME FURNISHING MERCHANT |   | NAICS Code for the Industry Category<br>0 0 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:<br>SYNERGY JLS FUND, LP  |   | Industry Category Title:<br>HOTELS AND RESTAURANTS |                    |
| Address (Street Number and Name):<br>848 STEWART DRIVE STE 101   | City:<br>SUNNYVALE                          | State:<br>CA <input type="checkbox"/>              | Zip Code:<br>94085 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                         |                    |
|  |   |  |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>188 BROADWAY, LLC                   |   | <b>Industry Category Title:</b><br>HOTELS AND RESTAURANTS |                           |
| <b>Address (Street Number and Name):</b><br>444 EMBARCADERO WEST | <b>City:</b><br>OAKLAND                         | <b>State:</b><br>CA <input checked="" type="checkbox"/>   | <b>Zip Code:</b><br>94607 |
| <b>EB-5 Capital Investment:</b>                                  | <b>Direct and Indirect Job Creation:</b>        | <b>Jobs Maintained:</b>                                   |                           |
|  |   |   |                           |
| <b>(2) Business Name</b><br>N/A                                  |   | <b>Industry Category Title:</b><br>N/A                    |                           |
| <b>Address (Street Number and Name):</b><br>N/A                  | <b>City:</b><br>N/A                             | <b>State:</b><br>CA <input checked="" type="checkbox"/>   | <b>Zip Code:</b><br>N/A   |
| <b>EB-5 Capital Investment:</b><br>N/A                           | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A                            |                           |

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>EB-5 SF INVESTMENT LIMITED PARTNERSHIP |  | <b>Industry Category Title:</b><br>HOTELS AND RESTAURANTS |                           |
| <b>Address (Street Number and Name):</b><br>1308 NW EVERETT STREET                 | <b>City:</b><br>PORTLAND                           | <b>State:</b><br>OR <input checked="" type="checkbox"/>   | <b>Zip Code:</b><br>97209 |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                         |                           |
|  |  |   |                           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>SF HOTEL INVESTORS, LLC             |   | <b>Industry Category Title:</b><br>HOTELS AND RESTAURANTS |                           |
| <b>Address (Street Number and Name):</b><br>45 MCALLISTER STREET | <b>City:</b><br>SAN FRANCISCO           | <b>State:</b><br>CA <input checked="" type="checkbox"/>   | <b>Zip Code:</b><br>94102 |
| <b>EB-5 Capital Investment</b>                                   | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                                    |                           |
|  |   |   |                           |

(b)(4)

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

|  |                                   |                                    |                  |
|--|-----------------------------------|------------------------------------|------------------|
| (2) Business Name:<br>N/A                |                                   | Industry Category Title:<br>N/A    |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                      | State:<br><input type="checkbox"/> | Zip Code:<br>N/A |
| EB-5 Capital Investment:                 | Direct and Indirect Job Creation: | Jobs Maintained:                   |                  |
| [Redacted]                               |                                   |                                    |                  |

|  |   |  |                    |
|--|---|--|--------------------|
| c. Name of Commercial Enterprise:<br>SEASIDE INVESTMENT FUND, LP |   | Industry Category Title:<br>RESIDENTIAL & COMMERCIAL BUILDING CONS |                    |
| Address (Street Number and Name):<br>2880 SLOAT BLVD             | City:<br>SAN FRANCISCO                      | State:<br>CA <input type="checkbox"/>                              | Zip Code:<br>94116 |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:   |                    |
| [Redacted]   |   |  |                    |

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

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

|  |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| (1) Business Name:<br>OCEAN PARK DEVELOPMENT, LLC    |                                   | Industry Category Title:<br>RESIDENTIAL & COMMERCIAL BUILDING CONS |                    |
| Address (Street Number and Name):<br>2880 SLOAT BLVD | City:<br>SAN FRANCISCO            | State:<br>CA <input type="checkbox"/>                              | Zip Code:<br>94116 |
| EB-5 Capital Investment:                             | Direct and Indirect Job Creation: | Jobs Maintained:   |                    |
| [Redacted]   |                                   |  |                    |

|  |  |                                       |                  |
|--|--|---------------------------------------|------------------|
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A       |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:<br>CA <input type="checkbox"/> | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A               |                  |

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

|  |  |                                    |  |
|--|--|------------------------------------|--|
| d. Name of Commercial Enterprise:<br>RAINFLOWER HOTEL, INC |  | Industry Category Title:<br>HOTELS |  |
|--|--|------------------------------------|--|

|   |                        |                                       |                    |
|---|------------------------|---------------------------------------|--------------------|
| Address (Street Number and Name):<br>400 BAY STREET | City:<br>SAN FRANCISCO | State:<br>CA <input type="checkbox"/> | Zip Code:<br>94133 |
|---|------------------------|---------------------------------------|--------------------|

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

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

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

|                           |                                 |
|---------------------------|---------------------------------|
| (1) Business Name:<br>N/A | Industry Category Title:<br>N/A |
|---------------------------|---------------------------------|

|  |              |                                    |                  |
|--|--------------|------------------------------------|------------------|
| Address (Street Number and Name):<br>N/A | City:<br>N/A | State:<br><input type="checkbox"/> | Zip Code:<br>N/A |
|--|--------------|------------------------------------|------------------|

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

|                           |                                 |
|---------------------------|---------------------------------|
| (2) Business Name:<br>N/A | Industry Category Title:<br>N/A |
|---------------------------|---------------------------------|

|  |              |                                    |                  |
|--|--------------|------------------------------------|------------------|
| Address (Street Number and Name):<br>N/A | City:<br>N/A | State:<br><input type="checkbox"/> | Zip Code:<br>N/A |
|--|--------------|------------------------------------|------------------|

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

|  |  |   |  |
|--|--|---|--|
| e. Name of Commercial Enterprise:<br>SOUTH SAN FRANCISCO DEVELOPMENT FUNDING, LP |  | Industry Category Title:<br>RESIDENTIAL & NONRESIDENTIAL BLDG COI |  |
|--|--|---|--|

|   |                              |                                       |                    |
|---|------------------------------|---------------------------------------|--------------------|
| Address Street Number and Name:<br>889 MCLELLAN DRIVE | City:<br>SOUTH SAN FRANCISCO | State:<br>CA <input type="checkbox"/> | Zip Code:<br>94080 |
|---|------------------------------|---------------------------------------|--------------------|

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

Does this EB-5 commercial enterprise 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:<br>N/A                |  | Industry Category Title:<br>N/A    |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:<br><input type="checkbox"/> | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A            |                  |
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A    |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:<br><input type="checkbox"/> | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>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)                                 |        |         |

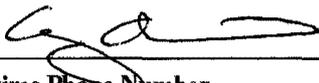
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>GENZO SEKINE     | <b>Date (mm/dd/yyyy)</b><br>12/15/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>5103979598  | <b>E-Mail Address</b><br>GENZO.SEKINE@SYNERGYEB5.COM |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>CFO                   |  |  |

**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

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

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

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

5263

**Part 1. Information About Principal of the Regional Center**

|  |   |                             |   |
|--|---|-----------------------------|---|
| Name: Last<br>BERNSTEIN  |   | First<br>Adam               | Middle  |
| In Care Of: TBC Manager II, LLC  |   |                             |   |
| Street Address/P.O. Box: 3299 K Street   |   |                             |   |
| City: Washington (b)(6)  |   | State: District of Columbia | Zip Code: 20007                                       |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): 203-333-3323 |                             | Telephone Number<br>(include area code): 202-333-9000 |
| Web site address: <a href="http://www.washingtondc-eb5.com">http://www.washingtondc-eb5.com</a>  |   |                             |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1310651123 |   |                             |   |

**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:** TBC Washington DC Area Regional Center, LLC

|   |  |                             |   |
|---|--|-----------------------------|---|
| Street Address/P.O. Box: 3299 K Street  |  |                             |   |
| City: Washington  |  | State: District of Columbia | Zip Code: 20007                             |
| Web site Address: <a href="http://www.washingtondc-eb5.com">http://www.washingtondc-eb5.com</a> | Fax Number (include area code): 203-333-3323 |                             | Telephone (include area code): 202-333-9000 |

**B. Name of Managing Company/Agency:** TBC Manager II, LLC

|  |  |                             |   |
|--|--|-----------------------------|---|
| Street Address/P.O. Box: 3299 K Street |  |                             |   |
| City: Washington                       |  | State: District of Columbia | Zip Code: 20007                             |
| Web site Address:                      | Fax Number (include area code): 203-333-3323 |                             | Telephone (include area code): 202-333-9000 |

**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): |



**RCW1600554180**

(b)(4)

**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:<br>Nonresidential Building Construction | NAICS Code for the Industry Category<br>2 3 6 2 |
|---|---|

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

|  |   |
|--|---|
| b. Industry Category Title:<br>Household and Institutional Furniture and Kitchen Cabinet Manufacturing | NAICS Code for the Industry Category<br>3 3 7 1 |
|--|---|

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

|   |   |
|---|---|
| c. Industry Category Title:<br>Lessors of Real Estate | NAICS Code for the Industry Category<br>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:<br>N/A | (b)(4) | Industry Category Title: |
|--|--------|--------------------------|

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

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

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

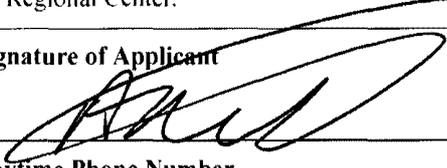
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

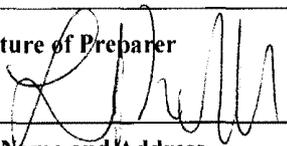
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Adam Bernstein      | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>202-333-9000  | <b>E-Mail Address</b><br>adam@thebernsteincompanies.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Laura Foote Reiff     | <b>Date (mm/dd/yyyy)</b><br>12/23/2015   |
| <b>Firm Name and Address</b><br>Greenberg Traurig LLP - TCO<br>1750 Tysons Boulevard, #1000<br>McLean, VA 22102     |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>703-749-1372   | <b>Fax Number (Area/Country Codes)</b><br>(703) 749-1301 | <b>E-Mail Address</b><br>reiff@gtlaw.com |

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

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

REC'D CSC 15DEC29 19:44

5233

**Part 1. Information About Principal of the Regional Center**

|  |   |   |
|--|---|---|
| Name: Last<br><b>ELEPOULOS</b>   | First<br><b>JAMES</b>                                 | Middle<br><b>ELEAS</b>                                      |
| In Care Of:  |   |   |
| Street Address/P.O. Box: <b>1860 OBISPO AVE #F</b>   |   |   |
| City: <b>SIGNAL HILL (b)(6)</b>  | State: <b>CA</b> <input type="checkbox"/>             | Zip Code: <b>90755</b>                                      |
| Date of Birth: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Fax Number (include area code): <b>(562) 498-7873</b> | Telephone Number (include area code): <b>(562) 892-2443</b> |
| Web site address: <b>N/A</b>   |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) **ID1236350951**

**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 Health & HOSPITALITY REGIONAL CENTER**

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: <b>1860 OBISPO AVE #F</b> |   |  |
| City: <b>SIGNAL HILL</b>                           | State: <b>CA</b> <input type="checkbox"/>             | Zip Code: <b>90755</b>                               |
| Web site Address: <b>WWW.EBSMG.COM</b>             | Fax Number (include area code): <b>(562) 498-7873</b> | Telephone (include area code): <b>(855) 325-8488</b> |

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

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| 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: **SEE ATTACHMENT**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State: <input type="checkbox"/> | Zip Code:                      |
| Web site                 | Fax Number (include area code): | Telephone (include area code): |



**RCW1536554099**

**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:               |   |
| THE INNS AT BUENA VISTA CREEK  |   | NAICS 5416A0, 541300, 230000, 7211A0   |   |
| Address (Street Number and Name):  | City:                                       | State:                                 | Zip Code:   |
| 1800 OBISPO AVE #F   | SIGNAL HILL                                 | CA <input checked="" type="checkbox"/> | 90755   |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:             |   |
|  |   |  |   |
| Does this EB-5 commercial 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:<br><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:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

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

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

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

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | 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:<br><b>N/A</b> |   | Industry Category Title:           |           |
| Address (Street Number and Name):               | City:                                       | State:<br><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:<br><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:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|   |   |                                    |           |
|---|---|------------------------------------|-----------|
| e. Name of Commercial Enterprise:<br><b>N/A</b> |   | Industry Category Title:           |           |
| Address Street Number and Name:                 | City:                                       | State:<br><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="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 |
| [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.)

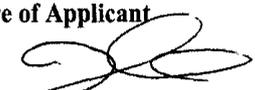
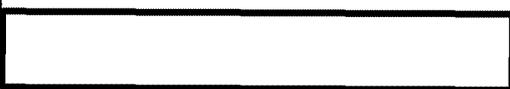
(b)(4)

| 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**.

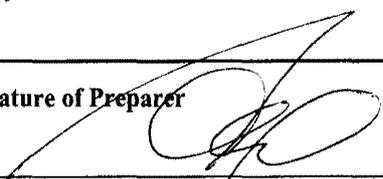
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|   |   |                                 |
|---|---|---------------------------------|
| Signature of Applicant<br> | Printed Name of Applicant<br>JAMES ELEAS ELEOPOULOS   | Date (mm/dd/yyyy)<br>12/28/2015 |
| Daytime Phone Number<br>(Area/Country Codes)<br>(502) 892-2443  | E-Mail Address<br> (b)(6) |                                 |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)<br>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<br>     | Printed Name of Preparer<br>RONALD K. GRANIT      | Date (mm/dd/yyyy)<br>12/28/2015   |
| Firm Name and Address<br>RONALD K. GRANIT<br>ATTORNEY AT LAW<br>200 OCEANGATE, SUITE 850<br>LONE BEACH, CA 90802 |   |   |
| Daytime Phone Number<br>(Area/Country Codes)<br>(502) 988-1413   | Fax Number (Area/Country Codes)<br>(502) 442-6800 | E-Mail Address<br> (b)(6) |

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

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

REC'D CSC/16/JAN 4 10:10  
5326

**Part 1. Information About Principal of the Regional Center**

|  |   |   |
|--|---|---|
| Name: Last<br><b>PAPIRI</b>  | First<br><b>ROBERT</b>                              | Middle  |
| In Care Of: <b>GREG LA MARCA</b>   |   |   |
| Street Address/P.O. Box: <b>1292 W. SAN MARCOS BLVD</b>  |   |   |
| City: <b>SAN MARCOS</b>  | State: <b>CA</b>                                    | Zip Code: <b>92078</b>                                    |
| Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>                                  | Fax Number (include area code): <b>760 931-1206</b> | Telephone Number (include area code): <b>831-325-4194</b> |
| Web site address: <b>(b)(6) WWW.SCIC.<del>ORG</del> BIZ</b>  |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) <b>RCW1034350102/ID1034350102</b> |   |   |

**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 INVESTMENT CENTER**

|   |                                 |  |
|---|---------------------------------|--|
| Street Address/P.O. Box: <b>1292 W. SAN MARCOS BLVD</b> |                                 |  |
| City: <b>SAN MARCOS</b>                                 | State: <b>CA</b>                | Zip Code: <b>92078</b>                             |
| Web site Address: <b>WWW.SCIC.BIZ</b>                   | Fax Number (include area code): | Telephone (include area code): <b>831-325-4194</b> |

**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): |



**RCW1600654207**

**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:<br><i>SENIOR CARE, ASSISTED LIVING / MEMORY CARE</i> |   | NAICS Code for the Industry Category<br><i>623311</i> |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                            |
| b. Industry Category Title:<br><i>PLASTIC RECYCLING</i>                          |   | NAICS Code for the Industry Category<br><i>423930</i> |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                            |
| c. Industry Category Title:  |   | NAICS Code for the Industry Category<br>-----         |
| 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.

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

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

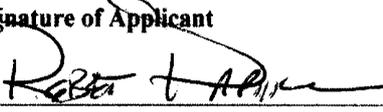
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>ROBERT PAPIRI   | <b>Date (mm/dd/yyyy)</b><br>12/26/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>831-325-4194  | <b>E-Mail Address</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

RCW 1600554161

5338

**Part 1. Information About Principal of the Regional Center**

|                         |                  |                    |
|-------------------------|------------------|--------------------|
| Name: Last<br>Applegate | First<br>Dominic | Middle<br>Nicholas |
|-------------------------|------------------|--------------------|

In Care Of: Gate Industries

Street Address/P.O. Box: 7 South Laurens Street, Unit 100

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Greenville (b)(6) | 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.sfrc.us

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1220850716

**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 Film Regional Center, LLC

Street Address/P.O. Box: 455 Glen Iris Drive, Suite B

|                                  |  |   |
|----------------------------------|--|---|
| City: Atlanta                    | State: GA                                      | Zip Code: 30308                               |
| Web site www.sfrc.us<br>Address: | Fax Number (include area code): (864) 603-3138 | Telephone (include area code): (864) 603-3101 |

**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<br>Address: | Fax Number N/A<br>(include area code): | Telephone N/A<br>(include area code): |

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

Street Address/P.O. Box:

|              |                                    |                                   |
|--------------|------------------------------------|-----------------------------------|
| City: N/A    | State: .                           | Zip Code: n?A                     |
| Web site N/A | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1600554161**

**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<br>N/A | Aggregate Direct and Indirect Job Creation<br>N/A | Aggregate Jobs Maintained<br>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:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| b. Industry Category Title:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| c. Industry Category Title:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A   |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A   | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A  | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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     |

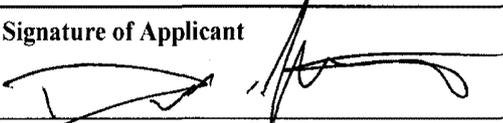
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Dominic Applegate | <b>Date (mm/dd/yyyy)</b><br>12/26/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(412) 737-6621  | <b>E-Mail Address</b><br>nic@gateindustries.com       |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

RCW1609154291 5335

**Part 1. Information About Principal of the Regional Center**

|                      |                   |              |
|----------------------|-------------------|--------------|
| Name: Last<br>Monroe | First<br>Margaret | Middle<br>L. |
|----------------------|-------------------|--------------|

In Care Of: Texas Mining & Resource Regional Center, LLC

Street Address/P.O. Box: 5050 Quorum Drive, Suite 700

|                     |           |                 |
|---------------------|-----------|-----------------|
| City: Dallas (b)(6) | State: TX | Zip Code: 75254 |
|---------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (972) 687-9001 | Telephone Number (include area code): (972) 687-9071 |
|----------------------------|--|--|

Web site address: www.eb5tmrrc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC-ID 1430151945

**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:** Texas Mining & Resource Regional Center, LLC

Street Address/P.O. Box: 5050 Quorum Drive, Suite 700

|                                       |  |   |
|---------------------------------------|--|---|
| City: Dallas                          | State: TX                                      | Zip Code: 75254                               |
| Web site www.eb5tmrrc.com<br>Address: | Fax Number (include area code): (972) 687-9001 | Telephone (include area code): (972) 687-9071 |

**B. Name of Managing Company/Agency:** GMC Trust, LLC

Street Address/P.O. Box: 5050 Quorum Drive, Suite 700

|                                       |  |   |
|---------------------------------------|--|---|
| City: Dallas                          | State: TX                                      | Zip Code: 75254                               |
| Web site www.eb5tmrrc.com<br>Address: | Fax Number (include area code): (972) 687-9001 | Telephone (include area code): (972) 687-9071 |

**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): |



**RCW1609154291**

**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:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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?  No  Yes

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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 |
|  |        |         |

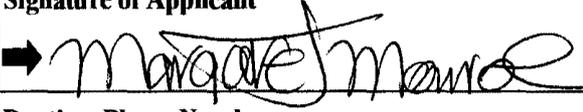
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>→  | <b>Printed Name of Applicant</b><br>Dr. Margaret Monroe | <b>Date (mm/dd/yyyy)</b><br>03/25/2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(972) 687-9071  | <b>E-Mail Address</b><br>txmining@outlook.com           |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>Lee | First<br>Eugene | Middle |
|-------------------|-----------------|--------|

In Care Of: Texas Regional Center, LLC

Street Address/P.O. Box: 3900 Essex Lane, Suite 1200

|                      |           |                 |
|----------------------|-----------|-----------------|
| City: Houston (b)(6) | State: TX | Zip Code: 77027 |
|----------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (713) 966-5845 | Telephone Number (include area code): (713) 966-5878 |
|----------------------------|--|--|

Web site address: www.trceb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1224050740 (see attached letter)

**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: Texas Regional Center, LLC

Street Address/P.O. Box: 3900 Essex Lane, Suite 1200

|                                     |  |   |
|-------------------------------------|--|---|
| City: Houston                       | State: TX                                      | Zip Code: 77027                               |
| Web site www.trceb5.com<br>Address: | Fax Number (include area code): (713) 966-5845 | Telephone (include area code): (713) 966-5878 |

B. Name of Managing Company/Agency: Aquinas Companies, LLC

Street Address/P.O. Box: 3900 Essex Lane, Suite 1200

|   |  |   |
|---|--|---|
| City: Houston   | State: TX                                      | Zip Code: 77027                               |
| Web site www.aquinasco.com<br>Address: (related entity) | Fax Number (include area code): (713) 966-5845 | Telephone (include area code): (713) 966-5878 |

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): |

  
**RCW1536253937**  
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RCW 1536253937

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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”.)

*SEE ATTACHED SUPPLEMENT TO FORM I-924A*

|                                    |   |   |
|------------------------------------|---|---|
| a. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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.

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

|   |   |                            |           |
|---|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b><br>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.

|                                   |                                  |                          |          |
|-----------------------------------|----------------------------------|--------------------------|----------|
| <b>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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:<br>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:<br>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:<br>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.)

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

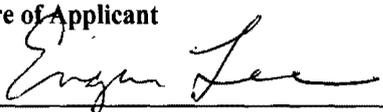
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Eugene Lee | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(713) 966-5878  | <b>E-Mail Address</b><br>elee@aquinasco.com    |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

FORM I-924A (03/18/15) 5326

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>Kramer  | First<br>Ronnie                                | Middle<br>Ray  |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 9226 Meadow Vale   |  |  |
| City: Austin (b)(6)   | State: TX                                      | Zip Code: 78758                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> | Fax Number (include area code): (801) 751-9026 | Telephone Number (include area code): (254) 715-1273 |
| Web site address: www.eb5southernstar.us  |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1033650013

**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, 2014 (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 Star Regional Investment Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 9226 Meadow Vale   |  |   |
| City: Austin                                | State: TX                                      | Zip Code: 78758                               |
| Web site www.eb5southernstar.us<br>Address: | Fax Number (include area code): (801) 751-9026 | Telephone (include area code): (254) 715-1273 |

**B. Name of Managing Company/Agency:** Southern Star Resources LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 9226 Meadow Vale    |  |   |
| City: Austin                                 | State: TX                                      | Zip Code: 78758                               |
| Web site www.southernstaroil.com<br>Address: | Fax Number (include area code): (801) 751-9026 | Telephone (include area code): (254) 715-1273 |

**C. Name of Other Agent:** See addendum

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



**RCW1606754272**

**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)                            |  | 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:<br>Crude Petroleum and Natural Gas Extraction |   | NAICS Code for the Industry Category<br>2 1 1 1 1 1 |
| 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<br>-----       |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>-----       |
| 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:<br>Eb5 Southern Star Energy Fund LLC   |   | Industry Category Title:<br>Crude Petroleum and Natural Gas Ext. |                    |
| Address (Street Number and Name):<br>9226 Meadow Vale  | City:<br>Austin                             | State:<br>TX   | Zip Code:<br>78758 |
| 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)

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Southern Star Operating LLC     |  | <b>Industry Category Title:</b><br>Crude Petroleum and Natural Gas Ext. |                           |
| <b>Address (Street Number and Name):</b><br>9226 Meadow Vale | <b>City:</b><br>Austin                   | <b>State:</b><br>TX   | <b>Zip Code:</b><br>78758 |
| <b>EB-5 Capital Investment:</b>                              | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
|  |  |   |                           |
| <b>(2) Business Name</b>                                     |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>                     | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                              | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

(b)(4)

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Orion Oil and Gas I, LP     |  | <b>Industry Category Title:</b><br>Crude Petroleum and Natural Gas Ext. |                           |
| <b>Address (Street Number and Name):</b><br>673 Woodland Sq. Loop, #320 | <b>City:</b><br>Lacey                              | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98503 |
| <b>Aggregate EB-5 Capital Investment:</b>                               | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                                       |                           |
|   |  |   |                           |

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

If yes, then identify the name and address of 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)

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>(1) Business Name:</b><br>Access US Oil & Gas, Inc.                  |   | <b>Industry Category Title:</b><br>Crude Petroleum and Natural Gas Ext. |                           |
| <b>Address (Street Number and Name):</b><br>673 Woodland Sq. Loop, #320 | <b>City:</b><br>Lacey                   | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98503 |
| <b>EB-5 Capital Investment</b>  | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>  |                           |
|   |   |   |                           |

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

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

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>Orion Oil and Gas II, LP       |  | <b>Industry Category Title:</b><br>Crude Petroleum and Natural Gas Ext. |                           |
| <b>Address (Street Number and Name):</b><br>673 Woodland Square Loop, #320 | <b>City:</b><br>Lacey                              | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98503 |
| <b>Aggregate EB-5 Capital Investment:</b>                                  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                                       |                           |

(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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Access US Oil & Gas Inc.                      |  | <b>Industry Category Title:</b><br>Crude Petroleum and Natural Gas Ext. |                           |
| <b>Address (Street Number and Name):</b><br>673 Woodland Square Loop, #320 | <b>City:</b><br>Lacey                    | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98503 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

(b)(4)

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

Does this EB-5 commercial enterprise 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.

|  |   |                                       |
|--|---|---------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Ronnie R. Kramer  | <b>Date (mm/dd/yyyy)</b><br>2-24-2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(254) 715-1273  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> (b)(6) |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>                               | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>3/3/2016               |
| <b>Firm Name and Address</b><br>Baker Donelson Bearman Caldwell & Berkowitz<br>1900 Republic Centre, 633 Chestnut Street<br>Chattanooga, TN 37450 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416   | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9560 | <b>E-Mail Address</b><br>rdivine@bakerdonelson.com |

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

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

5326

**Part 1. Information About Principal of the Regional Center**

|                      |                 |               |
|----------------------|-----------------|---------------|
| Name: Last<br>Kramer | First<br>Ronnie | Middle<br>Ray |
|----------------------|-----------------|---------------|

In Care Of:

Street Address/P.O. Box: 9226 Meadow Vale

|              |           |                 |
|--------------|-----------|-----------------|
| City: Austin | State: TX | Zip Code: 78758 |
|--------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (801) 751-9026 | Telephone Number<br>(include area code): (254) 715-1273 |
|-------------------------------|---|---|

Web site address: www.eb5southernstar.us

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1033650013

**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 Star Regional Investment Center, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 9226 Meadow Vale   |   |  |
| City: Austin                                | State: TX   | Zip Code: 78758                                  |
| Web site<br>Address: www.eb5southernstar.us | Fax Number<br>(include area code): (801) 751-9026 | Telephone<br>(include area code): (254) 715-1273 |

**B. Name of Managing Company/Agency:** Southern Star Resources LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 9226 Meadow Vale    |   |  |
| City: Austin                                 | State: TX   | Zip Code: 78758                                  |
| Web site<br>Address: www.southernstaroil.com | Fax Number<br>(include area code): (801) 751-9026 | Telephone<br>(include area code): (254) 715-1273 |

**C. Name of Other Agent:** See addendum

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



**RCW1606754273**

**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:                |   | NAICS Code for the Industry Category |
|        | Crude Petroleum and Natural Gas Extraction |   | 2 1 1 1 1 1                          |
|        | 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:  |   | Industry Category Title:             |           |
|  | Eb5 Southern Star Energy Fund LLC  |   | Crude Petroleum and Natural Gas Ext. |           |
|  | Address (Street Number and Name):  | City:                                       | State:                               | Zip Code: |
|  | 9226 Meadow Vale                   | Austin                                      | TX                                   | 78758     |
|  | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |           |
|  |                                    |   |                                      |           |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Southern Star Operating LLC     |  | <b>Industry Category Title:</b><br>Crude Petroleum and Natural Gas Ext. |                           |
| <b>Address (Street Number and Name):</b><br>9226 Meadow Vale | <b>City:</b><br>Austin                   | <b>State:</b><br>TX   | <b>Zip Code:</b><br>78758 |
| <b>EB-5 Capital Investment:</b>                              | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
| (b)(4)   |  |   |                           |
| <b>(2) Business Name</b>                                     |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>                     | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                              | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Orion Oil and Gas I, LP     |  | <b>Industry Category Title:</b><br>Crude Petroleum and Natural Gas Ext. |                           |
| <b>Address (Street Number and Name):</b><br>673 Woodland Sq. Loop, #320 | <b>City:</b><br>Lacey                              | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98503 |
| <b>Aggregate EB-5 Capital Investment:</b>                               | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                                       |                           |
| (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.

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>(1) Business Name:</b><br>Access US Oil & Gas, Inc.                  |   | <b>Industry Category Title:</b><br>Crude Petroleum and Natural Gas Ext. |                           |
| <b>Address (Street Number and Name):</b><br>673 Woodland Sq. Loop, #320 | <b>City:</b><br>Lacey                   | <b>State:</b><br>WA   | <b>Zip Code:</b><br>98503 |
| <b>EB-5 Capital Investment</b>  | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>  |                           |
| (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:<br>Orion Oil and Gas II, LP       |   | Industry Category Title:<br>Crude Petroleum and Natural Gas Ext. |                    |
| Address (Street Number and Name):<br>673 Woodland Square Loop, #320 | City:<br>Lacey                              | State:<br>WA   | Zip Code:<br>98503 |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                       |                    |

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

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

|   |                                   |  |                    |
|---|-----------------------------------|--|--------------------|
| (1) Business Name:<br>Access US Oil & Gas Inc.                      |                                   | Industry Category Title:<br>Crude Petroleum and Natural Gas Ext. |                    |
| Address (Street Number and Name):<br>673 Woodland Square Loop, #320 | City:<br>Lacey                    | State:<br>WA   | Zip Code:<br>98503 |
| EB-5 Capital Investment:  | Direct and Indirect Job Creation: | Jobs Maintained:   |                    |

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

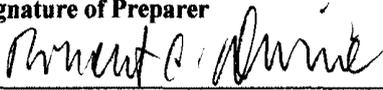
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |                                       |
|--|---|---------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Ronnie R. Kramer  | <b>Date (mm/dd/yyyy)</b><br>2.24.2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(254) 715-1273  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>                               | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>3/3/2016               |
| <b>Firm Name and Address</b><br>Baker Donelson Bearman Caldwell & Berkowitz<br>1900 Republic Centre, 633 Chestnut Street<br>Chattanooga, TN 37450 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416   | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9560 | <b>E-Mail Address</b><br>rdivine@bakerdonelson.com |

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

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

REC'D CSCY150328 16:54  
5338

**Part 1. Information About Principal of the Regional Center**

|                     |              |        |
|---------------------|--------------|--------|
| Name: Last<br>HAYES | First<br>Jim | Middle |
|---------------------|--------------|--------|

In Care Of: STAR OF TEXAS REGIONAL CENTER

Street Address/P.O. Box: P.O. BOX 22858

|                            |                                 |  |
|----------------------------|---------------------------------|--|
| City: BEAUMONT (b)(6)      | State: TX                       | Zip Code: 77720                                      |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (409) 861-4499 |

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001560

**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:** STAR OF TEXAS REGIONAL CENTER

Street Address/P.O. Box: P.O. BOX 22858

|  |                                 |   |
|--|---------------------------------|---|
| City: BEAUMONT                           | State: TX                       | Zip Code: 77720                               |
| Web site Address: WWW.EB5STAROFTEXAS.COM | Fax Number (include area code): | Telephone (include area code): (409) 861-4499 |

**B. Name of Managing Company/Agency:** TEXAS REDEVELOPMENT AUTHORITY

Street Address/P.O. Box: P.O. BOX 22858

|                   |                                 |   |
|-------------------|---------------------------------|---|
| City: BEAUMONT    | State: TX                       | Zip Code: 77720                               |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (409) 861-4499 |

**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): |



**RCW1536353978**

**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:<br>WATER & SEWER LINE & RELATED STRUCTURES CONSTRUCTION |   | NAICS Code for the Industry Category<br>2 3 7 1 1 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
|   |   | N/A   |  |
| b. Industry Category Title:<br>TRAVELER ACCOMODATION                                |   | NAICS Code for the Industry Category<br>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<br>-----     |  |
| 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:<br>STRC MASTER LIMITED PARTNERSHIP I, LTD  |   | Industry Category Title:<br>N/A |                    |
| Address (Street Number and Name):<br>P.O. BOX 22858  | City:<br>BEAUMONT                           | State:<br>TX                    | Zip Code:<br>77720 |
| 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:<br>BOLIVAR UTILITY SERVICES, LLC       |  | Industry Category Title:<br>SEWAGE TREATMENT |                    |
| Address (Street Number and Name):<br>1830 HWY 87, SUITE A | City:<br>CRYSTAL BEACH                             | State:<br>TX                                 | Zip Code:<br>77650 |
| EB-5 Capital Investment:<br><b>(b)(4)</b>                 | Direct and Indirect Job Creation:<br><b>(b)(4)</b> | Jobs Maintained:<br>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:<br>ATLANTIC AMERICAN FORTUNE FUND, LP |  | Industry Category Title:<br>N/A   |                    |
| Address (Street Number and Name):<br>101 E KENNEDY BLVD, #3300          | City:<br>TAMPA   | State:<br>FL                      | Zip Code:<br>33602 |
| Aggregate EB-5 Capital Investment:<br><b>(b)(4)</b>                     | Aggregate Direct and Indirect Job Creation:<br><b>(b)(4)</b> | Aggregate Jobs Maintained:<br>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:<br>HOUSTON HOTEL PARTNERS, LLC       |   | Industry Category Title:<br>TRAVELER ACCOMODATIONS |                    |
| Address (Street Number and Name):<br>1121 WALKER STREET | City:<br>HOUSTON                                  | State:<br>TX                                       | Zip Code:<br>77002 |
| EB-5 Capital Investment<br><b>(b)(4)</b>                | Direct and Indirect Job Creation<br><b>(b)(4)</b> | Jobs Maintained<br>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?  No  Yes

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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)                                 |        |         |

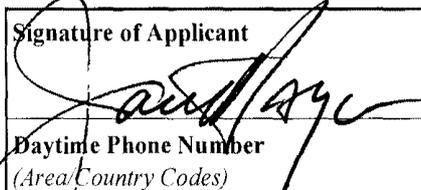
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Jim Hayes                   | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(409) 861-4499  | <b>E-Mail Address</b><br>JHAYES@TEXASREDEVELOPMENTAUTHORITY.COM |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>Woodworth | First<br>Ling | Middle<br>Zeng |
|-------------------------|---------------|----------------|

In Care Of: Summit Regional Center LLC

Street Address/P.O. Box: 2105 Cedar Street, #B

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: Alhambra (b)(6) | State: CA | Zip Code: 91801 |
|-----------------------|-----------|-----------------|

|                             |                                     |  |
|-----------------------------|-------------------------------------|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): N/A | Telephone Number (include area code): 6262026690 |
|-----------------------------|-------------------------------------|--|

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1432151982/RCID1432151982

**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:** Summit Regional Center LLC

|  |                                     |   |
|--|-------------------------------------|---|
| Street Address/P.O. Box: 2105 Cedar Street, #B |                                     |   |
| City: Alhambra                                 | State: CA                           | Zip Code: 91801                           |
| Web site Address: N/A                          | Fax Number (include area code): N/A | Telephone (include area code): 6262026690 |

**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): |           |



**RCW1536454066**

REC'D CSC15DEC29 10:06 5233

**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 |
|        | [Redacted]                        |  | 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:<br>Residential Building Construction                |   | NAICS Code for the Industry Category<br>2 3 6 1 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A               |
| (b)(4) | b. Industry Category Title:<br>Offices of Real Estate Agents and Brokers        |   | NAICS Code for the Industry Category<br>5 3 1 2 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A               |
| (b)(4) | c. Industry Category Title:<br>Architectural, Engineering, and Related Services |   | NAICS Code for the Industry Category<br>5 4 1 3 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>SRC EB5 Fund II LP   |   | Industry Category Title:<br>Residential Building Construction |                    |
|  | Address (Street Number and Name):<br>2107 Cedar Street #B | City:<br>Alhambra                           | State:<br>CA  | Zip Code:<br>91801 |
|  | Aggregate EB-5 Capital Investment:                        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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.

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(1) Business Name:</b><br>San Gabriel Summit Homes LLC         |  | <b>Industry Category Title:</b><br>Residential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>306 San Marcos Street | <b>City:</b><br>San Gabriel              | <b>State:</b><br>CA <input type="checkbox"/>                         | <b>Zip Code:</b><br>91776 |
| <b>EB-5 Capital Investment:</b><br><input type="checkbox"/>       | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>N/A                                       |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                                      |                           |
| <b>Address (Street Number and Name):</b>                          | <b>City:</b>                             | <b>State:</b><br><input type="checkbox"/>                            | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |

(b)(4)

|   |  |   |                  |
|---|--|---|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>           |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>         |                  |

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b>           |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                    |                 |

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

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

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

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

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

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

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

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

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

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

Does this EB-5 commercial enterprise 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.)

| 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**.

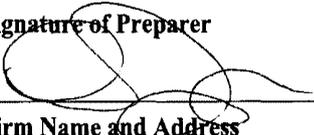
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Ling Zeng Woodworth  | <b>Date (mm/dd/yyyy)</b><br>12/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>6262026690  | <b>E-Mail Address</b><br> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Lisa Yoon         | <b>Date (mm/dd/yyyy)</b><br>12/23/2015            |
| <b>Firm Name and Address</b><br>Sapient Law Group, P.C. 155 N. Lake Ave. Suite 420 Pasadena CA 91101                |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>6267680522   | <b>Fax Number (Area/Country Codes)</b><br>6267680523 | <b>E-Mail Address</b><br>info@sapientlawgroup.com |

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

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

REC'D CSC 150629 21:20

5233

**Part 1. Information About Principal of the Regional Center**

|                       |                  |                  |
|-----------------------|------------------|------------------|
| Name: Last<br>Campion | First<br>Jeffrey | Middle<br>Edmond |
|-----------------------|------------------|------------------|

In Care Of: N/A

Street Address/P.O. Box: 1675 Market Street, Suite 203

|                     |           |                 |
|---------------------|-----------|-----------------|
| City: Weston (b)(6) | State: FL | Zip Code: 33326 |
|---------------------|-----------|-----------------|

|                                       |  |  |
|---------------------------------------|--|--|
| Date of Birth (mm/dd/yyyy) [Redacted] | Fax Number (include area code): (855) 999-4772 | Telephone Number (include area code): (855) 999-4772 |
|---------------------------------------|--|--|

Web site address: www.suncorridorregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1410151729

**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: Sun Corridor Regional Center, Inc.

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1675 Market St, Suite 203  |  |   |
| City: Weston  | State: FL                                      | Zip Code: 33326                               |
| Web site suncorridorregionalcen<br>Address: ter.com | Fax Number (include area code): (855) 999-4772 | Telephone (include area code): (855) 999-4772 |

B. Name of Managing Company/Agency: Pathways EB-5, Inc

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1675 Market St, Suite 203 |  |   |
| City: Weston                                       | State: FL                                      | Zip Code: 33326                               |
| Web site www.pathwayseb5.com<br>Address:           | Fax Number (include area code): (855) 999-4772 | Telephone (include area code): (855) 999-4772 |

C. Name of Other Agent: N/A

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



**RCW1536554071**

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

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

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

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

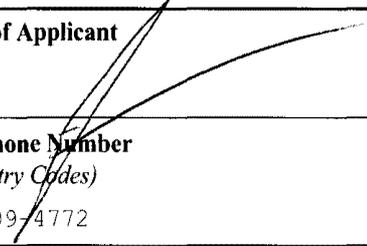
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Jeffrey Champion | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(855) 999-4772                                       | <b>E-Mail Address</b><br>jccampion@pathwayseb5.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

RCW1535653830 5338

**Part 1. Information About Principal of the Regional Center**

|                     |                 |        |
|---------------------|-----------------|--------|
| Name: Last<br>JAMES | First<br>Curtis | Middle |
|---------------------|-----------------|--------|

In Care Of: Sunbelt EB-5 Regional Center

Street Address/P.O. Box: 1200 Corporate Drive, Suite 470

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Birmingham (b)(6) | State: AL | Zip Code: 35242 |
|-------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (205) 437-3794 | Telephone Number (include area code): (205) 451-7839 |
|----------------------------|--|--|

Web site address: <http://www.sunbelteb5.com>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910052

**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:** Sunbelt EB-5 Regional Center, LLC

Street Address/P.O. Box: 1200 Corporate Drive, Suite 470

|                  |           |                 |
|------------------|-----------|-----------------|
| City: Birmingham | State: AL | Zip Code: 35242 |
|------------------|-----------|-----------------|

|  |  |   |
|--|--|---|
| Web site Address: <a href="http://www.sunbelteb5.com">www.sunbelteb5.com</a> | Fax Number (include area code): (205) 437-3794 | Telephone (include area code): (205) 451-7839 |
|--|--|---|

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



**RCW1535653830**

**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 |
|        | [Redacted]                        |  | 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:<br>Healthcare / Hospitals                           |   | NAICS Code for the Industry Category<br>6 2 2 0 0 0 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                   |
| (b)(4) | b. Industry Category Title:<br>Manufacturing / Wood Pellet Plant (Construction) |   | NAICS Code for the Industry Category<br>2 3 6 2 0 0 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                   |
| (b)(4) | c. Industry Category Title:<br>Mixed-Use Development (Construction)             |   | NAICS Code for the Industry Category<br>2 3 0 0 0 0 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>Sunbelt BHS-Princeton, LP |   | Industry Category Title:<br>Healthcare / Hospitals |                    |
|  | Address (Street Number and Name):<br>4035 St. Charles Drive    | City:<br>Birmingham                         | State:<br>AL                                       | Zip Code:<br>35242 |
|  | Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>Princeton Baptist Medical Center            |                                   | Industry Category Title:<br>Healthcare / Hospitals |                    |
| Address (Street Number and Name):<br>701 Princeton Ave, Southwest | City:<br>Birmingham               | State:<br>AL                                       | Zip Code:<br>35211 |
| EB-5 Capital Investment:<br>(b)(4)                                | Direct and Indirect Job Creation: | Jobs Maintained:<br>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:<br>Sunbelt Biomass-Selma, LP |   | Industry Category Title:<br>Manufacturing |                    |
| Address (Street Number and Name):<br>4035 St. Charles Drive    | City:<br>Birmingham                         | State:<br>AL                              | Zip Code:<br>35242 |
| Aggregate EB-5 Capital Investment:<br>(b)(4)                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>Zilkha Biomass Selma, LLC          |                                   | Industry Category Title:<br>Manufacturing (Wood Pellet Plant) |                    |
| Address (Street Number and Name):<br>1256 County Road 78 | City:<br>Selma                    | State:<br>AL  | Zip Code:<br>36703 |
| EB-5 Capital Investment:<br>(b)(4)                       | Direct and Indirect Job Creation: | Jobs Maintained:<br>N/A                                       |                    |

(b)(4)

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

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

|   |   |  |                    |
|---|---|--|--------------------|
| c. Name of Commercial Enterprise:<br>Sunbelt 20 MidTown, LP |   | Industry Category Title:<br>Mixed-Use Real Estate (Construction) |                    |
| Address (Street Number and Name):<br>4035 St. Charles Drive | City:<br>Birmingham                         | State:<br>AL   | Zip Code:<br>35242 |
| Aggregate EB-5 Capital Investment:<br><b>(b)(4)</b>         | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>Firestone Flowers, LLC                        |                                   | Industry Category Title:<br>Mixed-Use Real Estate (Construction) |                    |
| Address (Street Number and Name):<br>C/O 20 MidTown (20th Street, 3 | City:<br>Birmingham               | State:<br>AL   | Zip Code:<br>35203 |
| EB-5 Capital Investment:<br><b>(b)(4)</b>                           | Direct and Indirect Job Creation: | Jobs Maintained:<br>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:<br>Sunbelt TRMC-Thomasville, LP |  | Industry Category Title:<br>Hospitals / Healthcare |  |
|---|--|--|--|

|   |                     |              |                    |
|---|---------------------|--------------|--------------------|
| Address (Street Number and Name):<br>4035 St. Charles Drive | City:<br>Birmingham | State:<br>AL | Zip Code:<br>35242 |
|---|---------------------|--------------|--------------------|

|   |   |                                   |
|---|---|-----------------------------------|
| Aggregate EB-5 Capital Investment:<br><b>(b)(4)</b> | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>Thomasville Regional Medical Center, LLC |  | Industry Category Title:<br>Hospitals / Healthcare |  |
|--|--|--|--|

|  |                      |              |                    |
|--|----------------------|--------------|--------------------|
| Address (Street Number and Name):<br>Hwy 43 South Medical Park Can | City:<br>Thomasville | State:<br>AL | Zip Code:<br>36784 |
|--|----------------------|--------------|--------------------|

|   |                                   |                         |
|---|-----------------------------------|-------------------------|
| EB-5 Capital Investment:<br><b>(b)(4)</b> | Direct and Indirect Job Creation: | Jobs Maintained:<br>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: |  |
|-----------------------------------|--|--------------------------|--|

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

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

Does this EB-5 commercial enterprise 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)                                 |        |         |

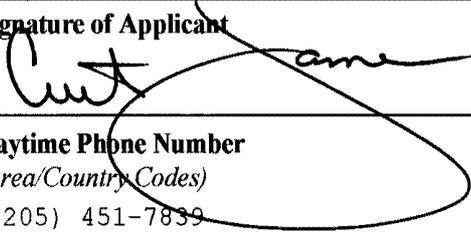
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

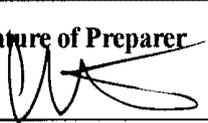
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br>                  | <b>Printed Name of Applicant</b><br>Curtis James     | <b>Date (mm/dd/yyyy)</b><br>12/03/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(205) 451-7839   | <b>E-Mail Address</b><br>curtis.james@sunbelteb5.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Sole Manager / 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

|   |   |   |
|---|---|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Christian A. Triantaphyllis / John W | <b>Date (mm/dd/yyyy)</b><br>12/21/2015                    |
| <b>Firm Name and Address</b><br>Foster LLP<br>600 Travis Street, 20th Floor, Houston, Texas 77002, USA              |   |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(832) 426-0331   | <b>Fax Number (Area/Country Codes)</b><br>(713) 228-1303                | <b>E-Mail Address</b><br>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<br>LI | First<br>TIAN | Middle |
|------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: 1 N. LA SALLE STREET, SUITE 1515

|               |           |                 |
|---------------|-----------|-----------------|
| City: CHICAGO | State: IL | Zip Code: 60602 |
|---------------|-----------|-----------------|

|                            |                                     |  |
|----------------------------|-------------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): N/A | Telephone Number (include area code): 3123688700 |
|----------------------------|-------------------------------------|--|

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1422351846 / ID1422351846

**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:** SUNPIN MASSACHUSETTS REGIONAL CENTER, LLC

Street Address/P.O. Box: 1 N. LA SALLE STREET, SUITE 1515

|               |           |                 |
|---------------|-----------|-----------------|
| City: CHICAGO | State: IL | Zip Code: 60602 |
|---------------|-----------|-----------------|

|                       |                                 |   |
|-----------------------|---------------------------------|---|
| Web site Address: N/A | Fax Number (include area code): | Telephone (include area code): 3123688700 |
|-----------------------|---------------------------------|---|

**B. Name of Managing Company/Agency:** SUNPIN MASSACHUSETTS REGIONAL CENTER LLC

Street Address/P.O. Box: 1 N. LA SALLE STREET, SUITE 1515

|               |           |                 |
|---------------|-----------|-----------------|
| City: CHICAGO | State: IL | Zip Code: 60602 |
|---------------|-----------|-----------------|

|                       |                                 |   |
|-----------------------|---------------------------------|---|
| Web site Address: N/A | Fax Number (include area code): | Telephone (include area code): 3123688700 |
|-----------------------|---------------------------------|---|

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

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



RCW1600554173

5263

**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”.)

|   |  |   |
|---|--|---|
| <b>a. Industry Category Title:</b><br>N/A |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| <b>b. Industry Category Title:</b><br>N/A |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| <b>c. Industry Category Title:</b><br>N/A |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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>a. Name of Commercial Enterprise:</b><br>N/A   |  | Industry Category Title:<br>N/A               |           |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:<br><input checked="" type="checkbox"/> | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A               |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input checked="" type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A                       |                         |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A               |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input checked="" type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A                       |                         |

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

|   |  |  |                        |
|---|--|--|------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A               |                        |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b><br><input checked="" type="checkbox"/> | <b>Zip Code</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A                        |                        |

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

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

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

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

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

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

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A               |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b><br><input checked="" type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A               |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input checked="" type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A                       |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A               |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input checked="" type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A                       |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A               |                         |
| <b>Address Street Number and Name:</b><br>N/A    | <b>City:</b><br>N/A                                       | <b>State:</b><br><input checked="" type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |   |                         |
|---|---|---|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A            |                         |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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.)

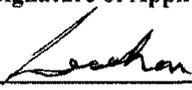
(b)(4)

| 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**.

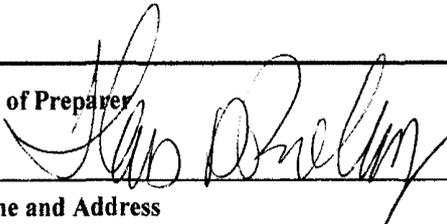
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>TIAN LI | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>3123688700  | <b>E-Mail Address</b><br>TLI@SUNPINSOLAR.US |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |   |   |
|---|---|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>THOMAS ROSENBERG | <b>Date (mm/dd/yyyy)</b><br>12/01/2015    |
| <b>Firm Name and Address</b><br>RKJ LEGAL, LTD. 1 N LA SALLE STREET, SUITE 1515, CHICAGO, IL 60602                  |   |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>3129536504   | <b>Fax Number (Area/Country Codes)</b><br>N/A       | <b>E-Mail Address</b><br>TDR@RKJLEGAL.COM |

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

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

REC'D CSC 15NOV23 2015

**Part 1. Information About Principal of the Regional Center**

|                      |                  |                |
|----------------------|------------------|----------------|
| Name: Last<br>Miller | First<br>Shuhsun | Middle<br>Wang |
|----------------------|------------------|----------------|

In Care Of: Admiralty California Regional Center, LLC

Street Address/P.O. Box: 111 North Market Street, Suite 300

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: San Jose<br>(b)(6) | State: CA | Zip Code: 95113 |
|--------------------------|-----------|-----------------|

|  |   |   |
|--|---|---|
| Date of Birth<br>(mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span> | Fax Number<br>(include area code): (408) 418-4624 | Telephone Number<br>(include area code): (408) 418-4619 |
|--|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1033650026

**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:** Admiralty California Regional Center, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 111 North Market Street, Suite 300 |   |  |
| City: San Jose  | State: CA   | Zip Code: 95113                                  |
| Web site<br>Address: www.admiralty-ca.com                   | Fax Number<br>(include area code): (408) 418-4624 | Telephone<br>(include area code): (408) 418-4619 |

**B. Name of Managing Company/Agency:**

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

**C. Name of Other Agent:**

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



**RCW1532753467**

egarcia2 I924A 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 |
|        | [Redacted]                        | (prospectively)                            |                           |

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:<br>Residential Building Construction             |   | NAICS Code for the Industry Category<br>2 3 6 1 |
|        | Aggregate EB-5 Capital Investment:<br>[Redacted]                             | Aggregate Direct and Indirect Job Creation:<br>(prospectively)            | Aggregate Jobs Maintained:                      |
| (b)(4) | b. Industry Category Title:<br>Architectural, Engineering & Related Services |   | NAICS Code for the Industry Category<br>5 4 1 3 |
|        | Aggregate EB-5 Capital Investment:<br>See above (b)(4)                       | Aggregate Direct and Indirect Job Creation:<br>[Redacted] (prospectively) | Aggregate Jobs Maintained:                      |
| (b)(4) | c. Industry Category Title:<br>Lessors of Real Estate                        |   | NAICS Code for the Industry Category<br>5 3 1   |
|        | Aggregate EB-5 Capital Investment:<br>See above (b)(4)                       | Aggregate Direct and Indirect Job Creation:<br>[Redacted] prospectively)  | 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:<br>Riverview Property Holdings, LLC  |  | Industry Category Title:<br>2361; 5413; 531 |                    |
|        | Address (Street Number and Name):<br>111 N Market St, Suite 300  | City:<br>San Jose  | State:<br>CA                                | Zip Code:<br>95113 |
| (b)(4) | Aggregate EB-5 Capital Investment:<br>[Redacted]   | Aggregate Direct and Indirect Job Creation:<br>(prospectively) | Aggregate Jobs Maintained:                  |                    |
|        | Does this EB-5 commercial enterprise serve as a 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:<br>Riverview Capital Investment, LLC             |  | Industry Category Title:<br>Residential Building Construction      |                    |
| Address (Street Number and Name):<br>20660 Stevens Creek Blvd, #383 | City:<br>Cupertino   | State:<br>CA   | Zip Code:<br>95014 |
| EB-5 Capital Investment:<br>[Redacted]                              | Direct and Indirect Job Creation:<br>(prospectively)           | Jobs Maintained:   |                    |
| (2) Business Name:<br>Riverview Capital Investment, LLC             |  | Industry Category Title:<br>Architectural, Eng'g & Related Service |                    |
| Address (Street Number and Name):<br>20660 Stevens Creek Blvd, #383 | City:<br>Cupertino   | State:<br>CA   | Zip Code:<br>95014 |
| EB-5 Capital Investment:<br>See above (b)(4)                        | Direct and Indirect Job Creation:<br>[Redacted] prospectively) | Jobs Maintained:   |                    |

(b)(4)

|  |  |   |                    |
|--|--|---|--------------------|
| b. Name of Commercial Enterprise:<br>Riverview Property Holdings, LLC (Cont'd) |  | Industry Category Title:<br>2361; 5413; 531 |                    |
| Address (Street Number and Name):<br>See above                                 | City:<br>See above                                       | State:<br>CA                                | Zip Code:<br>95113 |
| Aggregate EB-5 Capital Investment:<br>See above                                | Aggregate Direct and Indirect Job Creation:<br>See above | Aggregate Jobs Maintained:                  |                    |

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

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

|   |   |  |                    |
|---|---|--|--------------------|
| (1) Business Name:<br>Riverview Capital Investment, LLC             |   | Industry Category Title:<br>Lessors of Real Estate |                    |
| Address (Street Number and Name):<br>20660 Stevens Creek Blvd, #383 | City:<br>Cupertino  | State:<br>CA                                       | Zip Code:<br>95014 |
| EB-5 Capital Investment:<br>See above (b)(4)                        | Direct and Indirect Job Creation:<br>[Redacted] (Prospectively) | Jobs Maintained:                                   |                    |

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

|   |  |                                 |                  |
|---|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>Not Applicable |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b>    | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>             | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                   |                  |
|--|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>Not Applicable |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>                   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>                  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Not Applicable |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b>    | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>             | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                 |                  |
|---|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>Not Applicable |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b>    | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>             | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

|  |  |                                   |                  |
|--|--|-----------------------------------|------------------|
| <b>d. Name of Commercial Enterprise:</b><br>Not Applicable   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of 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>(1) Business Name:</b><br>Not Applicable  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>           |                  |
| <b>(2) Business Name:</b><br>Not Applicable  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>           |                  |
| <b>e. Name of Commercial Enterprise:</b><br>Not Applicable   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address Street Number and Name:</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |                                   |                  |

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

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

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>Not Applicable |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:<br>Not Applicable |                                   | 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)                                 |        |         |

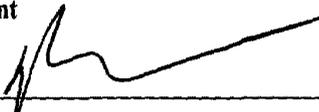
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Shuhsun Wang Miller | <b>Date (mm/dd/yyyy)</b><br>11/19/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(408) 418-4619  | <b>E-Mail Address</b><br>info@admiralty-ca.com          |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

REC'D CSC 15 NOV 23 2015

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**Part 1. Information About Principal of the Regional Center**

|                      |                  |                |
|----------------------|------------------|----------------|
| Name: Last<br>Miller | First<br>Shuhsun | Middle<br>Wang |
|----------------------|------------------|----------------|

In Care Of: Admiralty California Regional Center, LLC

Street Address/P.O. Box: 111 North Market Street, Suite 300

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: San Jose<br>(b)(6) | State: CA | Zip Code: 95113 |
|--------------------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (408) 418-4624 | Telephone Number<br>(include area code): (408) 418-4619 |
|-------------------------------|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1033650026

**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:** Admiralty California Regional Center, LLC

Street Address/P.O. Box: 111 North Market Street, Suite 300

|   |   |  |
|---|---|--|
| City: San Jose                            | State: CA   | Zip Code: 95113                                  |
| Web site<br>Address: www.admiralty-ca.com | Fax Number<br>(include area code): (408) 418-4624 | Telephone<br>(include area code): (408) 418-4619 |

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

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

**C. Name of Other Agent:**

Street Address/P.O. Box:

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



**RCW1532753467**

egarcia2 I924A 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 |
|        |                                   | (prospectively)                            |                           |

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:<br>Residential Building Construction             |   | NAICS Code for the Industry Category<br>2 3 6 1 |
|        | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|        |  | (prospectively)                             |   |
| (b)(4) | b. Industry Category Title:<br>Architectural, Engineering & Related Services |   | NAICS Code for the Industry Category<br>5 4 1 3 |
|        | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|        | See above (b)(4)   | (prospectively)                             |   |
| (b)(4) | c. Industry Category Title:<br>Lessors of Real Estate                        |   | NAICS Code for the Industry Category<br>5 3 1   |
|        | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|        | See above (b)(4)   | (prospectively)                             |   |

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:<br>Riverview Property Holdings, LLC |   | Industry Category Title:<br>2361; 5413; 531 |                    |
|  | Address (Street Number and Name):<br>111 N Market St, Suite 300       | City:<br>San Jose                           | State:<br>CA                                | Zip Code:<br>95113 |
|  | Aggregate EB-5 Capital Investment:                                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                  |                    |
|  |   | (prospectively)                             |   |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Riverview Capital Investment, LLC             |  | <b>Industry Category Title:</b><br>Residential Building Construction      |                           |
| <b>Address (Street Number and Name):</b><br>20660 Stevens Creek Blvd, #383 | <b>City:</b><br>Cupertino  | <b>State:</b><br>CA   | <b>Zip Code:</b><br>95014 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                                  | <b>Direct and Indirect Job Creation:</b><br>(b)(4) (prospectively) | <b>Jobs Maintained:</b>   |                           |
| <b>(2) Business Name:</b><br>Riverview Capital Investment, LLC             |  | <b>Industry Category Title:</b><br>Architectural, Eng'g & Related Service |                           |
| <b>Address (Street Number and Name):</b><br>20660 Stevens Creek Blvd, #383 | <b>City:</b><br>Cupertino  | <b>State:</b><br>CA   | <b>Zip Code:</b><br>95014 |
| <b>EB-5 Capital Investment:</b><br>See above (b)(4)                        | <b>Direct and Indirect Job Creation:</b><br>(b)(4) (prospectively) | <b>Jobs Maintained:</b>   |                           |

|   |   |  |                           |
|---|---|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Riverview Property Holdings, LLC (Cont'd) |   | <b>Industry Category Title:</b><br>2361; 5413; 531 |                           |
| <b>Address (Street Number and Name):</b><br>See above                                 | <b>City:</b><br>See above                                       | <b>State:</b><br>CA                                | <b>Zip Code:</b><br>95113 |
| <b>Aggregate EB-5 Capital Investment:</b><br>See above                                | <b>Aggregate Direct and Indirect Job Creation:</b><br>See above | <b>Aggregate Jobs Maintained:</b>                  |                           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Riverview Capital Investment, LLC             |  | <b>Industry Category Title:</b><br>Lessors of Real Estate |                           |
| <b>Address (Street Number and Name):</b><br>20660 Stevens Creek Blvd, #383 | <b>City:</b><br>Cupertino  | <b>State:</b><br>CA                                       | <b>Zip Code:</b><br>95014 |
| <b>EB-5 Capital Investment:</b><br>See above (b)(4)                        | <b>Direct and Indirect Job Creation:</b><br>(b)(4) (Prospectively) | <b>Jobs Maintained:</b>                                   |                           |

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

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>Not Applicable |                                   | 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:<br>Not Applicable |   | Industry Category Title:   |           |
| Address (Street Number and Name):                   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

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

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

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>Not Applicable |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>Not Applicable |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>Not Applicable |   | Industry Category Title:   |           |
| Address (Street Number and Name):                   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

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

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

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>Not Applicable |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>Not Applicable |                                   | 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:<br>Not Applicable |   | Industry Category Title:   |           |
| Address Street Number and Name:                     | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise 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:<br>Not Applicable |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:<br>Not Applicable |                                   | 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.)

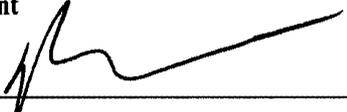
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Shuhsun Wang Miller | <b>Date (mm/dd/yyyy)</b><br>11/19/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(408) 418-4619  | <b>E-Mail Address</b><br>info@admiralty-ca.com          |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

5263

**Part 1. Information About Principal of the Regional Center**

|                    |                 |             |
|--------------------|-----------------|-------------|
| Name: Last<br>SHUM | First<br>Victor | Middle<br>T |
|--------------------|-----------------|-------------|

In Care Of: Advantage America Nevada Regional Center LLC

Street Address/P.O. Box: 489 5th Avenue, 12th Floor

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: New York (b)(6) | State: NY | Zip Code: 10017 |
|-----------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (646) 365-1522 | Telephone Number (include area code): (646) 770-2095 |
|-----------------------------|--|--|

Web site address: www.aueb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1419551804

**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:** Advantage America Nevada Regional Center LLC

Street Address/P.O. Box: 489 5TH Avenue, 12th Floor

|                                    |  |   |
|------------------------------------|--|---|
| City: New York                     | State: NY                                      | Zip Code: 10017                               |
| Web site www.aueb5.com<br>Address: | Fax Number (include area code): (646) 365-1522 | Telephone (include area code): (646) 770-2095 |

**B. Name of Managing Company/Agency:** Midland Oak Capital, LLC d/b/a Advantage America EB-5 Group

Street Address/P.O. Box: 489 5th Avenue, 12th Floor

|                                    |  |   |
|------------------------------------|--|---|
| City: New York                     | State: NY                                      | Zip Code: 10017                               |
| Web site www.aueb5.com<br>Address: | Fax Number (include area code): (646) 365-1522 | Telephone (include area code): (646) 770-2095 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

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



RCW1600554170

**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<br>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:<br>Nonresidential Building Construction              |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:<br>N/A  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| b. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesaler |   | NAICS Code for the Industry Category<br>4 2 3 2 |
| Aggregate EB-5 Capital Investment:<br>N/A  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| c. Industry Category Title:<br>Traveler Accommodations                           |   | NAICS Code for the Industry Category<br>7 2 1 1 |
| Aggregate EB-5 Capital Investment:<br>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:<br>N/A-Please see 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.

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and Name): | City:                            | State:                   | Zip Code |
| EB-5 Capital Investment           | Direct and Indirect Job Creation | Jobs Maintained          |          |

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

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

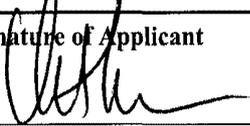
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Victor T. SHUM | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(646) 770-2095  | <b>E-Mail Address</b><br>vshum@aaeb5.com           |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>Miller | First<br>Shuhsun | Middle<br>Wang |
|----------------------|------------------|----------------|

In Care Of: Admiralty Sierra Regional Center, LLC

Street Address/P.O. Box: 111 North Market Street, Suite 300

|                |           |                 |
|----------------|-----------|-----------------|
| City: San Jose | State: CA | Zip Code: 95113 |
|----------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (408) 418-4624 | Telephone Number<br>(include area code): (408) 418-4619 |
|-------------------------------|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1327551228

**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:** Admiralty Sierra Regional Center, LLC

Street Address/P.O. Box: 111 North Market Street, Suite 300

|                   |   |  |
|-------------------|---|--|
| City: San Jose    | State: CA   | Zip Code: 95113                                  |
| Web site Address: | Fax Number<br>(include area code): (408) 418-4624 | Telephone<br>(include area code): (408) 418-4619 |

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

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

**C. Name of Other Agent:**

Street Address/P.O. Box:

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



**RCW1532753466**

egarcia2 I924A 11/23/2015

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REC'D USCIS 15/NOV 20 10:02

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Not applicable |                                   | Industry Category Title: |           |
| Address (Street Number and Name):           | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:                    | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b><br>Not applicable  |                                   | Industry Category Title: |           |
| Address (Street Number and Name):           | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:                    | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b><br>Not applicable |   | Industry Category Title:   |           |
| Address (Street Number and Name):                          | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                         | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Not applicable |                                  | Industry Category Title: |          |
| Address (Street Number and 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:<br>Not applicable |                                   | 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:<br>Not applicable |   | Industry Category Title:   |           |
| Address (Street Number and Name):                   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

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

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

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>Not applicable |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>Not applicable |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>Not applicable |   | Industry Category Title:   |           |
| Address (Street Number and Name):                   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

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

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

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>Not applicable |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                      |                                   |                          |           |
|--------------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>Not applicable |                                   | 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:<br>Not applicable |   | Industry Category Title:   |           |
| Address Street Number and Name:                     | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise 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:<br>Not applicable |                                   | Industry Category Title: |           |
| Address (Street Number and Name):    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:<br>Not applicable |                                   | 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)                                 |        |         |

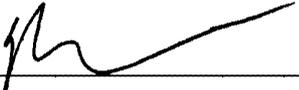
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Shuhsun Wang Miller | <b>Date (mm/dd/yyyy)</b><br>11/19/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(408) 418-4619  | <b>E-Mail Address</b><br>info@admiralty-ca.com          |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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



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

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

REC'D CSCY15NOV23 2015

5338

**Part 1. Information About Principal of the Regional Center**

|                      |                  |                |
|----------------------|------------------|----------------|
| Name: Last<br>Miller | First<br>Shuhsun | Middle<br>Wang |
|----------------------|------------------|----------------|

In Care Of: Admiralty California Regional Center, LLC

Street Address/P.O. Box: 111 North Market Street, Suite 300

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: San Jose (b)(6) | State: CA | Zip Code: 95113 |
|-----------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (408) 418-4624 | Telephone Number (include area code): (408) 418-4619 |
|----------------------------|--|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1033650026

**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:** Admiralty California Regional Center, LLC

Street Address/P.O. Box: 111 North Market Street, Suite 300

|                |           |                 |
|----------------|-----------|-----------------|
| City: San Jose | State: CA | Zip Code: 95113 |
|----------------|-----------|-----------------|

|  |  |   |
|--|--|---|
| Web site Address: www.admiralty-ca.com | Fax Number (include area code): (408) 418-4624 | Telephone (include area code): (408) 418-4619 |
|--|--|---|

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



**RCW1532753467**

egarcia2 1924A 11/23/2015

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<br>SHUM                                       | First<br>Victor                                | Middle<br>T  |
| In Care Of: Advantage America Hawaii Regional Center LLC |  |  |
| Street Address/P.O. Box: 489 5th Avenue, 12th Floor      |  |  |
| City: New York (b)(6)                                    | State: NY                                      | Zip Code: 10017                                      |
| Date of Birth (mm/dd/yyyy) [Redacted]                    | Fax Number (include area code): (646) 365-1522 | Telephone Number (include area code): (646) 770-2095 |
| Web site address: www.aueb5.com                          |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1502352568

**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:** Advantage America Hawaii Regional Center LLC

Street Address/P.O. Box: 489 5TH Avenue, 12th Floor

|                                    |  |   |
|------------------------------------|--|---|
| City: New York                     | State: NY                                      | Zip Code: 10017                               |
| Web site www.aueb5.com<br>Address: | Fax Number (include area code): (646) 365-1522 | Telephone (include area code): (646) 770-2095 |

**B. Name of Managing Company/Agency:** Midland Oak Capital, LLC d/b/a Advantage America EB-5 Group

Street Address/P.O. Box: 489 5th Avenue, 12th Floor

|                                    |  |   |
|------------------------------------|--|---|
| City: New York                     | State: NY                                      | Zip Code: 10017                               |
| Web site www.aueb5.com<br>Address: | Fax Number (include area code): (646) 365-1522 | Telephone (include area code): (646) 770-2095 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

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



RCW1600554159

5263

**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<br>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:<br>Nonresidential Building Construction              |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:<br>N/A  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| b. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesaler |   | NAICS Code for the Industry Category<br>4 2 3 2 |
| Aggregate EB-5 Capital Investment:<br>N/A  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| c. Industry Category Title:<br>Traveler Accommodations                           |   | NAICS Code for the Industry Category<br>7 2 1 1 |
| Aggregate EB-5 Capital Investment:<br>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:<br>N/A-Please see 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:  |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

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

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

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

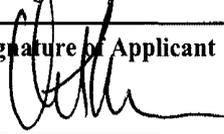
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Victor T. SHUM | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(646) 770-2095  | <b>E-Mail Address</b><br>vshum@aaeb5.com           |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>SHUM | First<br>Victor | Middle<br>T |
|--------------------|-----------------|-------------|

In Care Of: Advantage America New York Regional Center LLC

Street Address/P.O. Box: 489 5th Avenue, 12th Floor

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: New York (b)(6) | State: NY | Zip Code: 10017 |
|-----------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (646) 365-1522 | Telephone Number (include area code): (646) 770-2095 |
|-----------------------------|--|--|

Web site address: www.aueb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID 1034750107

**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:** Advantage America New York Regional Center LLC

Street Address/P.O. Box: 489 5th Avenue, 12th Floor

|                |           |                 |
|----------------|-----------|-----------------|
| City: New York | State: NY | Zip Code: 10017 |
|----------------|-----------|-----------------|

|                                    |  |   |
|------------------------------------|--|---|
| Web site www.aueb5.com<br>Address: | Fax Number (include area code): (646) 365-1522 | Telephone (include area code): (646) 770-2095 |
|------------------------------------|--|---|

**B. Name of Managing Company/Agency:** Midland Oak Capital, LLC d/b/a Advantage America EB-5 Group

Street Address/P.O. Box: 489 5th Avenue, 12th Floor

|                |           |                 |
|----------------|-----------|-----------------|
| City: New York | State: NY | Zip Code: 10017 |
|----------------|-----------|-----------------|

|                                    |  |   |
|------------------------------------|--|---|
| Web site www.aueb5.com<br>Address: | Fax Number (include area code): (646) 365-1522 | Telephone (include area code): (646) 770-2095 |
|------------------------------------|--|---|

**C. Name of Other Agent:**

Street Address/P.O. Box:

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

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



RCW1600554165

5263

**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:<br>Traveler Accommodation |   | NAICS Code for the Industry Category<br>7 2 1 1 |
| 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<br>_____   |
| Aggregate EB-5 Capital Investment:                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| c. Industry Category Title:                           |   | NAICS Code for the Industry Category<br>_____   |
| 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:<br>ZSC Nyack Hotel Fund LLC <i>FIKIA ZSC NYLO Fund LLC</i>   |   | Industry Category Title:<br>7211 |   |
| Address (Street Number and Name):<br>489 5TH Avenue, 12th Floor  | City:<br>New York                           | State:<br>NY                     | Zip Code:<br>10017  |
| 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:<br>WY TIME HOTEL, LLC <i>fikia NYLO Nyack, LLC</i> |                                   | Industry Category Title:<br>7211 |                    |
| Address (Street Number and Name):<br>79 MAIN STREET 2ND FL.           | City:<br>NYACK                    | State:<br>NY                     | Zip Code:<br>10960 |
| 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:<br>Nyack Hotel Fund LLC       |   | Industry Category Title:<br>7211 |                    |
| Address (Street Number and Name):<br>489 5TH Avenue, 12th Floor | City:<br>New York                           | State:<br>NY                     | Zip Code:<br>10017 |
| 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:<br>WY TIME HOTEL, LLC <i>fikia NYLO Nyack, LLC</i> |                                  | Industry Category Title:<br>7211 |                    |
| Address (Street Number and Name):<br>79 MAIN STREET 2ND FL.           | City:<br>NYACK                   | State:<br>NY                     | Zip Code:<br>10960 |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

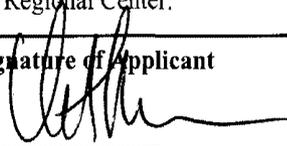
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Victor T. SHUM | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(646) 770-2095  | <b>E-Mail Address</b><br>vshum@aaeb5.com           |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

5263

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>SHUM   | First<br>Victor                                | Middle<br>T  |
| In Care Of: Advantage America California Regional Center LLC                                   |  |  |
| Street Address/P.O. Box: 489 5th Avenue, 12th Floor  |  |  |
| City: New York   | State: NY                                      | Zip Code: 10017                                      |
| Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; padding: 2px;">(b)(6)</span> | Fax Number (include area code): (646) 365-1522 | Telephone Number (include area code): (646) 770-2095 |
| Web site address: www.aueb5.com  |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1329751246

**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:** Advantage America California Regional Center LLC

Street Address/P.O. Box: 489 5TH Avenue, 12th Floor

|                                    |  |   |
|------------------------------------|--|---|
| City: New York                     | State: NY                                      | Zip Code: 10017                               |
| Web site www.aueb5.com<br>Address: | Fax Number (include area code): (646) 365-1522 | Telephone (include area code): (646) 770-2095 |

**B. Name of Managing Company/Agency:** Midland Oak Capital, LLC d/b/a Advantage America EB-5 Group

Street Address/P.O. Box: 489 5th Avenue, 12th Floor

|                                    |  |   |
|------------------------------------|--|---|
| City: New York                     | State: NY                                      | Zip Code: 10017                               |
| Web site www.aueb5.com<br>Address: | Fax Number (include area code): (646) 356-1522 | Telephone (include area code): (646) 770-2095 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

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



**RCW1600554167**

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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:<br>Nonresidential Building Construction |   | NAICS Code for the Industry Category<br>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            |
| 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:<br>Brooklyn Basin Infrastructure Fund - Tranch A, LLC  |   | Industry Category Title:<br>2362 |   |
| Address (Street Number and Name):<br>430 West Grand Avenue   | City:<br>Oakland                            | State:<br>CA                     | Zip Code:<br>94612  |
| 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>(1) Business Name:</b><br>Zarsion-OHP I, LLC                   |  | <b>Industry Category Title:</b><br>2362 |                           |
| <b>Address (Street Number and Name):</b><br>430 West Grand Avenue | <b>City:</b><br>Oakland                  | <b>State:</b><br>CA                     | <b>Zip Code:</b><br>94612 |
| <b>EB-5 Capital Investment:</b>                                   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                 |                           |
| (b)(4)  |  |   |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>         |                           |
| <b>Address (Street Number and Name):</b>                          | <b>City:</b>                             | <b>State:</b>                           | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                 |                           |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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)**

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

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

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

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

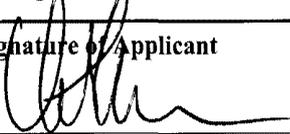
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Victor T. SHUM | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(646) 770-2095  | <b>E-Mail Address</b><br>vshum@aaeb5.com           |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>Chiu   | First<br>Daniel                                | Middle<br>C  |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 2275 Huntington Drive. Suite 534  |  |  |
| City: San Marino (b)(6)  | State: CA                                      | Zip Code: 91108                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): (626) 287-3137 | Telephone Number (include area code): (626) 292-1222 |
| Web site address:  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09000090 |  |  |

**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: Alliance Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 2275 Huntington Drive, Suite 534 |  |   |
| City: San Marino  | State: CA                                      | Zip Code: 91108                               |
| Web site Address: www.alliance-re.com                     | Fax Number (include area code): (626) 292-1212 | Telephone (include area code): (626) 292-1222 |

B. Name of Managing Company/Agency: Oasis Growth Partners, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 2275 Huntington Drive, Suite 534 |  |   |
| City: San Marino  | State: CA                                      | Zip Code: 91108                               |
| Web site Address:   | Fax Number (include area code): (626) 292-1212 | Telephone (include area code): (626) 292-1222 |

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): |

5326



RCW1602154230

**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 |
|        |                                   |  | NA                        |

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 and Motels                  |   | 7 2 1 1 1 0                          |
| (b)(4) | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
|        |                                    |   | NA                                   |

|        |                                    |   |                                      |
|--------|------------------------------------|---|--------------------------------------|
| (b)(4) | b. Industry Category Title:        |   | NAICS Code for the Industry Category |
|        | Full Service Restaurants           |   | 7 2 2 1 1 0                          |
| (b)(4) | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
|        |                                    |   | NA                                   |

|        |                                    |   |                                      |
|--------|------------------------------------|---|--------------------------------------|
| (b)(4) | c. Industry Category Title:        |   | NAICS Code for the Industry Category |
|        | Commercial Office Buildings        |   | 2 3 6 2 2 0                          |
| (b)(4) | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
|        |                                    |   | NA                                   |

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:   |           |
|  | Hotel                              |   | Hotels and Motels          |           |
|  | Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
|  | 1480 N. Imperial Ave.              | Imperial                                    | CA                         | 92251     |
| (b)(4)   | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | 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 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:   |           |
| Restaurants                        |   | Full-Service Restaurants   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 1310, 1410 N. Imperial Ave.        | Imperial                                    | CA                         | 92251     |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | 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:                |                                  | Industry Category Title: |          |
| Address (Street Number and Name): | City:                            | State:                   | Zip Code |
| EB-5 Capital Investment           | Direct and Indirect Job Creation | Jobs Maintained          |          |

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

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

|  |   |   |                    |
|--|---|---|--------------------|
| <b>c. Name of Commercial Enterprise:</b><br>Office Buildings     |   | Industry Category Title:<br>Commercial Office Buildings |                    |
| Address (Street Number and Name):<br>1325, 1425 N. Imperial Ave. | City:<br>Imperial                           | State:<br>CA  | Zip Code:<br>92251 |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>NA                        |                    |

(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.

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>Office Building  |   | Industry Category Title:<br>Commercial Office Buildings          |                    |
| Address (Street Number and Name):<br>Cole and Town Center   | City:<br>Calexico   | State:<br>CA   | Zip Code:<br>92231 |
| Aggregate EB-5 Capital Investment:<br>(b)(4)  | Aggregate Direct and Indirect Job Creation:                 | Aggregate Jobs Maintained:<br>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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |  |                    |
| (1) Business Name:  |   | Industry Category Title:   |                    |
| Address (Street Number and Name):   | City:   | State:   | Zip Code:          |
| EB-5 Capital Investment:  | Direct and Indirect Job Creation:                           | Jobs Maintained:   |                    |
| (2) Business 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:<br>Greenhouse Farming   |   | Industry Category Title:<br>Farmland and Agricultural Facilities |                    |
| Address Street Number and Name:<br>Not Yet Assigned   | City:<br>Calexico   | State:<br>CA   | Zip Code:<br>92231 |
| Aggregate EB-5 Capital Investment:<br>(b)(4)  | Aggregate Direct and Indirect Job Creation:<br>See Addendum | Aggregate Jobs Maintained:<br>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 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>  | <b>Printed Name of Applicant</b><br>Daniel Chiu  | <b>Date (mm/dd/yyyy)</b><br>12/20/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 292-1222  | <b>E-Mail Address</b><br> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Managing Member of General Partner of Alliance Regional Center Projects |  |  |

**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

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

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<br>Chiu   | First<br>Daniel                                | Middle<br>C  |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 2275 Huntington Drive. Suite 534  |  |  |
| City: San Marino (b)(6)  | State: CA                                      | Zip Code: 91108                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): (626) 287-3137 | Telephone Number (include area code): (626) 292-1222 |
| Web site address:  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | W09000090  |

**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: Alliance Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 2275 Huntington Drive, Suite 534 |  |   |
| City: San Marino  | State: CA                                      | Zip Code: 91108                               |
| Web site Address: www.alliance-re.com                     | Fax Number (include area code): (626) 292-1212 | Telephone (include area code): (626) 292-1222 |

B. Name of Managing Company/Agency: Oasis Growth Partners, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 2275 Huntington Drive, Suite 534 |  |   |
| City: San Marino  | State: CA                                      | Zip Code: 91108                               |
| Web site Address:   | Fax Number (include area code): (626) 292-1212 | Telephone (include area code): (626) 292-1222 |

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): |



**RCW1600554144**

egarcia2 1924A 12/30/2015

5338  
RCW 001600554144

**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 |
|        |                                   |  | NA                        |

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:<br>Hotels and Motels |   | NAICS Code for the Industry Category<br>7 2 1 1 1 0 |
|        | Aggregate EB-5 Capital Investment:               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>NA                    |

|        |   |   |   |
|--------|---|---|---|
| (b)(4) | b. Industry Category Title:<br>Full Service Restaurants |   | NAICS Code for the Industry Category<br>7 2 2 1 1 0 |
|        | Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>NA                    |

|        |  |   |   |
|--------|--|---|---|
| (b)(4) | c. Industry Category Title:<br>Commercial Office Buildings |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
|        | Aggregate EB-5 Capital Investment:                         | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>NA                    |

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:<br>Hotel                 |   | Industry Category Title:<br>Hotels and Motels |                    |
|        | Address (Street Number and Name):<br>1480 N. Imperial Ave. | City:<br>Imperial                           | State:<br>CA                                  | Zip Code:<br>92251 |
|        | Aggregate EB-5 Capital Investment:                         | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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

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

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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:   |           |
| Restaurants                        |   | Full-Service Restaurants   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 1310, 1410 N. Imperial Ave.        | Imperial                                    | CA                         | 92251     |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| (b)(4)                             |   | 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:                |                                  | Industry Category Title: |          |
| Address (Street Number and Name): | City:                            | State:                   | Zip Code |
| EB-5 Capital Investment           | Direct and Indirect Job Creation | Jobs Maintained          |          |

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

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

|  |   |                                 |           |
|--|---|---------------------------------|-----------|
| <b>c. Name of Commercial Enterprise:</b> |   | <b>Industry Category Title:</b> |           |
| Office Buildings                         |   | Commercial Office Buildings     |           |
| Address (Street Number and Name):        | City:                                       | State:                          | Zip Code: |
| 1325, 1425 N. Imperial Ave.              | Imperial                                    | CA                              | 92251     |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |           |
| (b)(4)                                   |   | 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.

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

|                                   |                                   |                                 |           |
|-----------------------------------|-----------------------------------|---------------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | <b>Industry Category Title:</b> |           |
| Address (Street Number and 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:<br>Office Building      |  | Industry Category Title:<br>Commercial Office Buildings |                    |
| Address (Street Number and Name):<br>Cole and Town Center | City:<br>Calexico  | State:<br>CA  | Zip Code:<br>92231 |
| Aggregate EB-5 Capital Investment:<br><b>(b)(4)</b>       | Aggregate Direct and Indirect Job Creation:<br><b>(b)(4)</b> | Aggregate Jobs Maintained:<br>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:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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:<br>Greenhouse Farming |   | Industry Category Title:<br>Farmland and Agricultural Facilities |                    |
| Address Street Number and Name:<br>Not Yet Assigned     | City:<br>Calexico   | State:<br>CA   | Zip Code:<br>92231 |
| Aggregate EB-5 Capital Investment:<br><b>(b)(4)</b>     | Aggregate Direct and Indirect Job Creation:<br>See Addendum | Aggregate Jobs Maintained:<br>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

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

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

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

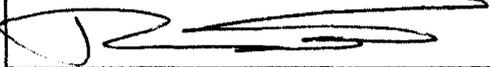
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel Chiu   | <b>Date (mm/dd/yyyy)</b><br>12/20/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 292-1222  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Managing Member of General Partner of Alliance Regional Center Projects |   |  |

**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

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

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<br>Senbahar | First<br>Izak | Middle |
|------------------------|---------------|--------|

In Care Of: Alexico New York Regional Center, LLC

Street Address/P.O. Box: 150 East 58th Street, 33rd Floor

|                |           |                 |
|----------------|-----------|-----------------|
| City: New York | State: NY | Zip Code: 10155 |
|----------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (212) 371-8878 | Telephone Number (include area code): (212) 371-8188 |
|-----------------------------|--|--|

Web site address: <http://alexicogroup.com/>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1413551757

**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: Alexico New York Regional Center, LLC

Street Address/P.O. Box: 150 East 58th Street, 33rd Floor

|                |           |                 |
|----------------|-----------|-----------------|
| City: New York | State: NY | Zip Code: 10155 |
|----------------|-----------|-----------------|

|                       |  |   |
|-----------------------|--|---|
| Web site N/A Address: | Fax Number (include area code): (212) 371-8878 | Telephone (include area code): (212) 371-8188 |
|-----------------------|--|---|

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

Street Address/P.O. Box: 150 East 58th Street, 33rd Floor

|                |           |                 |
|----------------|-----------|-----------------|
| City: New York | State: NY | Zip Code: 10155 |
|----------------|-----------|-----------------|

|                       |  |   |
|-----------------------|--|---|
| Web site N/A Address: | Fax Number (include area code): (212) 371-8878 | Telephone (include area code): (212) 371-8188 |
|-----------------------|--|---|

C. Name of Other Agent:

Street Address/P.O. Box:

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

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



RCW1530253403

**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:<br>Residential Building Construction                |   | NAICS Code for the Industry Category<br>2 3 6 1 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|   |   |   |
| b. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesale |   | NAICS Code for the Industry Category<br>4 2 3 2 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|   |   |   |
| c. Industry Category Title:<br>Office of Real Estate Agents and Brokers         |   | NAICS Code for the Industry Category<br>4 2 3 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:<br>N/A  |  | Industry Category Title:<br>(b)(4) |           |
| Address (Street Number and Name):   | City:  | State:<br>NY                       | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>0   | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>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.

|  |   |                                 |                  |
|--|---|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                                  | <b>State:</b><br>NY             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>0     | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0    |                  |
| <b>(2) Business Name</b>                 |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                                  | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b>      | <b>Jobs Maintained:</b>         |                  |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

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

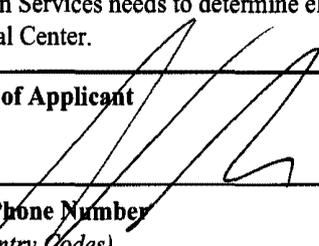
(b)(4)

| 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**.

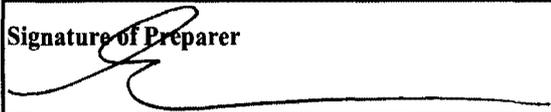
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Izak Senbahar      | <b>Date (mm/dd/yyyy)</b><br>10/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(212) 371-8188  | <b>E-Mail Address</b><br>izaksenbahar@alericogroup.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>CEO/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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Debbie A. Klis, Esq.  | <b>Date (mm/dd/yyyy)</b><br>10/28/2015          |
| <b>Firm Name and Address</b><br>Ballard Spahr LLP<br>1909 K. Street, NW, 12TH Floor<br>Washington DC, 20006         |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 661-7661   | <b>Fax Number (Area/Country Codes)</b><br>(202) 661-2299 | <b>E-Mail Address</b><br>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<br>Senbahar  | First<br>Izak                                     | Middle  |
| In Care Of: Alexico Group, LLC  |   |   |
| Street Address/P.O. Box: 150 East 58th Street, 33rd Floor                         |   |   |
| City: New York<br>(b)(6)  | State: NY   | Zip Code: 10155   |
| Date of Birth<br>(mm/dd/yyyy)   | Fax Number<br>(include area code): (212) 371-8878 | Telephone Number<br>(include area code): (212) 371-8188 |
| Web site address: <a href="http://alexicogroup.com/">http://alexicogroup.com/</a> |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1425151879

**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: Alexico Los Angeles Regional Center, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 150 East 58th Street, 33rd Floor |   |  |
| City: New York  | State: NY   | Zip Code: 10155                                  |
| Web site N/A<br>Address:                                  | Fax Number<br>(include area code): (212) 371-8878 | Telephone<br>(include area code): (212) 371-8188 |

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

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 150 East 58th Street, 33rd Floor |   |  |
| City: New York  | State: NY   | Zip Code: 10155                                  |
| Web site N/A<br>Address:                                  | Fax Number<br>(include area code): (212) 371-8878 | Telephone<br>(include area code): (212) 371-8188 |

C. Name of Other Agent: Alexico Group EB-5, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 150 East 58th Street, 33rd Floor |   |  |
| City: New York  | State: NY   | Zip Code: 10155                                  |
| Web site N/A<br>Address:                                  | Fax Number<br>(include area code): (212) 371-8878 | Telephone<br>(include area code): (212) 371-8188 |



RCW1530253402

egarcia2 I924A 10/29/2015

(b)(4)

**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:<br>Nonresidential Building Construction                    |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|  |   |   |  |
| b. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesale        |   | NAICS Code for the Industry Category<br>4 2 3 2 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|  |   |   |  |
| c. Industry Category Title:<br>Professional&Commercial Equipment and Supplies Merchant |   | NAICS Code for the Industry Category<br>4 2 3 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:<br>N/A  | (b)(4)   | Industry Category Title:<br>N/A |           |
| Address (Street Number and Name):   | City:  | State:<br>NY                    | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>0   | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>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.

|  |   |                                 |                  |
|--|---|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                                  | <b>State:</b><br>NY             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>0     | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0    |                  |
| <b>(2) Business Name</b>                 |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                                  | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b>      | <b>Jobs Maintained:</b>         |                  |

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

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

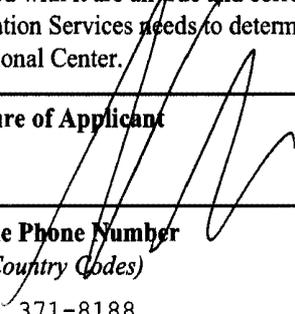
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

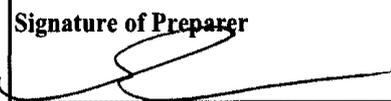
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Izak Senbahar      | <b>Date (mm/dd/yyyy)</b><br>10/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(212) 371-8188  | <b>E-Mail Address</b><br>izaksenbahar@alexicogroup.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>CEO/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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Debbie A. Klis, Esq.  | <b>Date (mm/dd/yyyy)</b><br>10/28/2015          |
| <b>Firm Name and Address</b><br>Ballard Spahr LLP<br>1909 K. Street, NW, 12TH Floor<br>Washington DC, 20006         |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 661-7661   | <b>Fax Number (Area/Country Codes)</b><br>(202) 661-2299 | <b>E-Mail Address</b><br>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<br>Cassidy                             | First<br>Diane                                 | Middle<br>M  |
| In Care Of: Mona Shah & Associates, PLLC          |  |  |
| Street Address/P.O. Box: 299 Broadway, Suite 1005 |  |  |
| City: New York (b)(6)                             | State: NY                                      | Zip Code: 10007                                      |
| Date of Birth (mm/dd/yyyy)                        | Fax Number (include area code): (646) 755-3377 | Telephone Number (include area code): (646) 807-4509 |
| Web site address: www.alaskagoldeb5.com           |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1219850705/RCW1219850705

**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:** Alaska Gold & Mining Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 711 Fifth Avenue, 16th Floor |  |   |
| City: New York  | State: NY                                      | Zip Code: 10022                               |
| Web site www.alaskagoldeb5.com<br>Address:            | Fax Number (include area code): (646) 755-3377 | Telephone (include area code): (646) 807-4509 |

**B. Name of Managing Company/Agency:** Alaska Gold & Mining Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 711 Fifth Avenue, 16th Floor |  |   |
| City: New York  | State: NY                                      | Zip Code: 10022                               |
| Web site www.alaskagoldeb5.com<br>Address:            | Fax Number (include area code): (646) 755-3377 | Telephone (include area code): (646) 807-4509 |

**C. Name of Other Agent:** Diane Cassidy

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 711 Fifth Avenue, 16th Floor |  |   |
| City: New York  | State: NY                                      | Zip Code: 10022                               |
| Web site kcassidy@alaskagoldeb5.com<br>Address: .com  | Fax Number (include area code): (646) 755-3377 | Telephone (include area code): (646) 807-4509 |



**RCW1600454135**

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(b)(4)

**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:<br>Gold Ore and Silver Mining   |   | NAICS Code for the Industry Category<br>2 1 2 2 2   |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br>Support Activities for Metal |   | NAICS Code for the Industry Category<br>2 1 3 1 1 4 |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:<br>(b)(4)                       |   | NAICS Code for the Industry Category<br>_____       |
| 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.)

(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.)

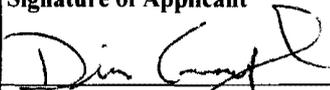
(b)(4)

| 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**.

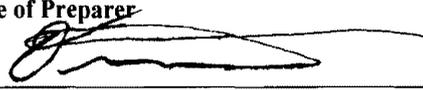
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Diane M. Cassidy | <b>Date (mm/dd/yyyy)</b><br>12/18/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(646) 807-4509  | <b>E-Mail Address</b><br>dcassidy@logic-int.com      |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Principal/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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Omar Hakim, Esq.      | <b>Date (mm/dd/yyyy)</b><br>12-28-15       |
| <b>Firm Name and Address</b><br>Mona Shah & Associates, PLLC<br>299 Broadway, Suite 1005<br>New York, NY 10007      |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(212) 233-7473   | <b>Fax Number (Area/Country Codes)</b><br>(212) 233-4877 | <b>E-Mail Address</b><br>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<br>Rutledge | First<br>John | Middle |
|------------------------|---------------|--------|

In Care Of: American Ambition Regional Center Chicago, LLC

Street Address/P.O. Box: 350 West Hubbard, Suite 440

|               |        |           |                 |
|---------------|--------|-----------|-----------------|
| City: Chicago | (b)(6) | State: IL | Zip Code: 60654 |
|---------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): 3127559510 | Telephone Number<br>(include area code): 3127559500 |
|-------------------------------|---|---|

Web site address: \*Please see Godfrey Hotel website.

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1301751068 / ID1301751068

**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 Ambition Regional Center Chicago, LLC

Street Address/P.O. Box: 350 West Hubbard Street, Suite 440

|               |           |                 |
|---------------|-----------|-----------------|
| City: Chicago | State: IL | Zip Code: 60654 |
|---------------|-----------|-----------------|

|   |   |  |
|---|---|--|
| Web site<br>Address: *Please see Godfrey Hotel website. | Fax Number<br>(include area code): 3127559510 | Telephone<br>(include area code): 3127559500 |
|---|---|--|

**B. Name of Managing Company/Agency:** Godfrey Hotel Fund, GP, LLC

Street Address/P.O. Box: 350 West Hubbard Street, Suite 440

|               |           |                 |
|---------------|-----------|-----------------|
| City: Chicago | State: IL | Zip Code: 60654 |
|---------------|-----------|-----------------|

|  |   |  |
|--|---|--|
| Web site<br>Address: <a href="http://www.godfreyhotelchicago.com">http://www.godfreyhotelchicago.com</a> | Fax Number<br>(include area code): 3127559510 | Telephone<br>(include area code): 3127559500 |
|--|---|--|

**C. Name of Other Agent:** GODFREY HOTEL 100, LLC (\*\*created by American Immigration Group, LLC to manage Godfrey project)

Street Address/P.O. Box: 1615 Forum Place, Suite 3A

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: West Palm Beach | State: FL | Zip Code: 33401 |
|-----------------------|-----------|-----------------|

|   |  |  |
|---|--|--|
| Web site<br>Address: <a href="http://www.eb5aig.com">www.eb5aig.com</a> | Fax Number<br>(include area code): N/A | Telephone<br>(include area code): 6462051551 |
|---|--|--|



**RCW1536253936**

egarcia2 1924A 12/24/2015

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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 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:<br>Please see addendum for further detail. |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:  |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:  |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>Godfrey Hotel Fund, LP  |   | Industry Category Title:<br>Hotel/Restaurant/Bar |   |
| Address (Street Number and Name):<br>350 W Hubbard St, Suite 440   | City:<br>Chicago                            | State:<br>IL                                     | Zip Code:<br>60654  |
| 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>(1) Business Name:</b><br>Oxford 127 Huron Hotel Venture Property Company, LLC |  | <b>Industry Category Title:</b><br>Hotel Developer |                           |
| <b>Address (Street Number and Name):</b><br>350 W Hubbard, Suite 440              | <b>City:</b><br>Chicago                  | <b>State:</b><br>IL                                | <b>Zip Code:</b><br>60610 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                            |                           |
|   |  |  |                           |
| <b>(2) Business Name</b><br>N/A   |  | <b>Industry Category Title:</b>                    |                           |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                             | <b>State:</b>                                      | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                            |                           |

(b)(4)

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

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

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>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:<br>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:<br>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:<br>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:<br>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:<br>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:<br>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:<br>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:<br>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:<br>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)                                 |        |         |

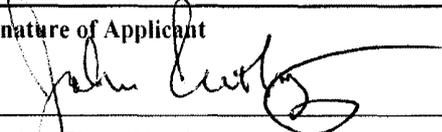
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

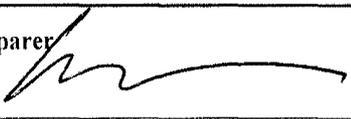
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>John Rutledge | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>3127559500  | <b>E-Mail Address</b><br>jwr@oxford-capital.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>           | <b>Printed Name of Preparer</b><br>Anna H. Morzy / Rebecca van Uiter / Rae Timothy | <b>Date (mm/dd/yyyy)</b><br>12/23/2015       |
| <b>Firm Name and Address</b><br>Fragomen, Del Rey, Bernsen & Loewy, LLP<br>333 W. Wacker Drive, 15th Floor, Chicago, IL 60606 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>312-263-6101   | <b>Fax Number (Area/Country Codes)</b><br>312-346-1970                             | <b>E-Mail Address</b><br>amorzy@fragomen.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<br>Dexter | First<br>Glen | Middle<br>Vincent |
|----------------------|---------------|-------------------|

In Care Of: Alabama EB-5 Regional Center Inc.

Street Address/P.O. Box: 1200 Old Fairhaven Parkway, Suite 203

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Bellingham (b)(6) | State: WA | Zip Code: 98225 |
|-------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (360) 933-1664 | Telephone Number (include area code): (360) 933-1612 |
|----------------------------|--|--|

Web site address: NA

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1120750247 / RC ID1120750247

**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: Alabama EB-5 Regional Center, Inc.

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1200 Old Fairhaven Parkway, Suite 203 |  |   |
| City: Bellingham   | State: WA                                      | Zip Code: 98225                               |
| Web site NA Address:   | Fax Number (include area code): (360) 933-1664 | Telephone (include area code): (360) 933-1612 |

B. Name of Managing Company/Agency: First American International Capital, Inc.

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1200 Old Fairhaven Parkway, Suite 203 |  |   |
| City: Bellingham   | State: WA                                      | Zip Code: 98225                               |
| Web site NA Address:   | Fax Number (include area code): (360) 933-1664 | Telephone (include area code): (360) 933-1612 |

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): |



**RCW1535753873**

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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:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| b. Industry Category Title:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| c. Industry Category Title:<br>N/A        |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A   |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A   | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A  | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

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

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

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

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

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

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

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

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

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

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

|   |  |                                      |
|---|--|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Glen V. Dexter | <b>Date (mm/dd/yyyy)</b><br>12/18/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(360) 933-1612   | <b>E-Mail Address</b><br>info@tdknowles.com        |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>Ramos | First<br>Sergio | Middle<br>Daniel |
|---------------------|-----------------|------------------|

In Care Of: Allied Artists International, Inc.

Street Address/P.O. Box: PO Box 2035

|                                  |   |   |
|----------------------------------|---|---|
| City: City of Industry<br>(b)(6) | State: CA   | Zip Code: 91746   |
| Date of Birth<br>(mm/dd/yyyy)    | Fax Number<br>(include area code): (626) 961-0411 | Telephone Number<br>(include area code): (626) 330-0600 |

Web site address: alliedartists.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1210950645 / ID1210950645

**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: Allied Artists High Desert EB5 Regional Center, LLC

Street Address/P.O. Box: 23 La Mesita Ranch Road

|                                 |   |  |
|---------------------------------|---|--|
| City: Santa Fe                  | State: NM   | Zip Code: 87506                                  |
| Web site<br>Address: aahdrc.com | Fax Number<br>(include area code): (626) 961-0411 | Telephone<br>(include area code): (626) 934-9200 |

B. Name of Managing Company/Agency: Sergio Daniel Ramos, for Manager Allied Artists Int'l

Street Address/P.O. Box: PO Box 2035

|  |   |  |
|--|---|--|
| City: City of Industry                 | State: CA   | Zip Code: 91745                                  |
| Web site<br>Address: alliedartists.com | Fax Number<br>(include area code): (626) 961-0411 | Telephone<br>(include area code): (626) 934-9200 |

C. Name of Other Agent:

Street Address/P.O. Box:

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



RCW1600654203

**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 |
|        | [Redacted]                        |  |                           |

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:<br>Motion Picture and Video Industries |   | NAICS Code for the Industry Category<br>5 1 2 1 |  |
|            | Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted] |  |   |   |  |
| (b)(4)     | b. Industry Category Title:<br>Advertising and Related Services    |   | NAICS Code for the Industry Category<br>5 4 1 8 |  |
|            | 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:<br>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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b><br>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>(2) Business Name</b><br>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>b. Name of Commercial Enterprise:</b><br>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.

|                                   |                                  |                          |           |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b><br>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)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b><br>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>c. Name of Commercial Enterprise:</b><br>Crush Foreign Investor, LLLP |   | Industry Category Title:<br>Motion Picture and Video Industries |                    |
| Address (Street Number and Name):<br>23 La Mesita Ranch Road             | City:<br>Santa Fe                           | State:<br>NM  | Zip Code:<br>87506 |
| 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.

|  |                                   |   |                    |
|--|-----------------------------------|---|--------------------|
| <b>(1) Business Name:</b><br>Crush The Movie, LLC            |                                   | Industry Category Title:<br>Motion Picture and Video Industries |                    |
| Address (Street Number and Name):<br>23 La Mesita Ranch Road | City:<br>Santa Fe                 | State:<br>NM  | Zip Code:<br>87506 |
| EB-5 Capital Investment:                                     | Direct and Indirect Job Creation: | Jobs Maintained:  |                    |

**(b)(4)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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)                                 |        |         |

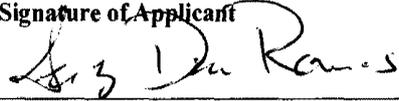
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Sergio Daniel Ramod | <b>Date (mm/dd/yyyy)</b><br>12/27/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 934-9200  | <b>E-Mail Address</b><br>legal@alliedartists.net        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Sr. Vice-President, Allied Artists Int'l, Inc., Member (see attachment) |   |  |

**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

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

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

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

REC'D 03/15/2015 1:55:00

5338

**Part 1. Information About Principal of the Regional Center**

|                   |                |        |
|-------------------|----------------|--------|
| Name: Last<br>Lai | First<br>David | Middle |
|-------------------|----------------|--------|

In Care Of: Altura Regional Center, LLC

Street Address/P.O. Box: 220 South Linden Avenue

|                           |           |                 |
|---------------------------|-----------|-----------------|
| City: South San Francisco | State: CA | Zip Code: 94080 |
|---------------------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (650) 588-3388 | Telephone Number<br>(include area code): (760) 352-8900 |
|-------------------------------|---|---|

Web site address: (b)(6)

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1424551871/ ID1424551871

**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: Altura Regional Center, LLC

Street Address/P.O. Box: 220 South Linden Avenue

|   |   |  |
|---|---|--|
| City: South San Francisco                     | State: CA   | Zip Code: 94080                                  |
| Web site alturaregionacenter.<br>Address: com | Fax Number<br>(include area code): (650) 588-3388 | Telephone<br>(include area code): (760) 352-8900 |

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

Street Address/P.O. Box:

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

C. Name of Other Agent: N/A

Street Address/P.O. Box:

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



**RCW1536354004**

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Nonresidential Construction                        |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [Redacted]  |   |   |
| b. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesalers |   | NAICS Code for the Industry Category<br>4 2 3 2 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [Redacted]  |   |   |
| c. Industry Category Title:<br>Continue on page 8                                 |   | NAICS Code for the Industry Category<br>-----   |
| (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:<br>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:<br>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:<br>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:<br>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:<br>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 |
| [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**.

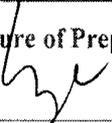
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>David Lai  | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(760) 352 8900  | <b>E-Mail Address</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Linda Lau             | <b>Date (mm/dd/yyyy)</b><br>12/24/2015            |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro Street, Suite 1<br>South Pasadena, CA91030        |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>linda@globallawgroup.net |

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

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

5338

**Part 1. Information About Principal of the Regional Center**

|                     |                 |        |
|---------------------|-----------------|--------|
| Name: Last<br>ZHANG | First<br>Stella | Middle |
|---------------------|-----------------|--------|

In Care Of: Aloha Regional Center LLC

Street Address/P.O. Box: 1 World Trade Center, Suite 1130

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Long Beach (b)(6) | State: CA | Zip Code: 90831 |
|-------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (562) 449-0079 | Telephone Number (include area code): (562) 449-0139 |
|----------------------------|--|--|

Web site address: www.aloharc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1031910006

**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: Aloha Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1888 Kalakaua Avenue, C312 |  |   |
| City: Honolulu                                      | State: HI                                      | Zip Code: 96815                               |
| Web site www.aloharc.com<br>Address:                | Fax Number (include area code): (562) 449-0079 | Telephone (include area code): (562) 449-0139 |

B. Name of Managing Company/Agency: Aloha Regional Centers, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: c/o 1 World Trade Center, Suite 1130 |  |   |
| City: Long Beach  | State: CA                                      | Zip Code: 90831                               |
| Web site www.aloharc.com<br>Address:                          | Fax Number (include area code): (562) 449-0079 | Telephone (include area code): (562) 449-0139 |

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): |



RCW1534853639

**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:<br>residential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 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<br>_ _ _ _ _ |  |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
|  |   |   |  |
| c. Industry Category Title:                                      |   | NAICS Code for the Industry Category<br>_ _ _ _ _ |  |
| 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:<br>Hualalai EB-5 Investor Group I, LP  |   | Industry Category Title:<br>Ledning/Finance Service |   |
| Address (Street Number and Name):<br>1 South Nevada Ave #200   | City:<br>Colorado Springs                   | State:<br>CO  | Zip Code:<br>80903  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |   |
|  |   |   |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Hualalai Residences at Hualalai Resort |  | <b>Industry Category Title:</b><br>2361 Residential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>72-100 Ka'upulehu Drive | <b>City:</b><br>Kailu-Kona               | <b>State:</b><br>HI   | <b>Zip Code:</b><br>96740 |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
| (b)(4)  |  |   |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>                            | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment 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.                       |  |                                   |                  |
| <b>(1) Business Name:</b>   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>  | <b>Direct and Indirect Job Creation</b>            | <b>Jobs Maintained</b>            |                  |

**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 |
| [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.)

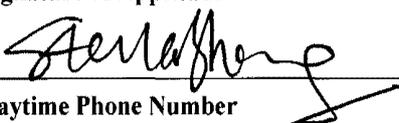
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Stella Zhang | <b>Date (mm/dd/yyyy)</b><br>12/07/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(562) 449-0139  | <b>E-Mail Address</b><br>stella.zhang@usa-rc.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>KU   | First<br>Danny                                 | Middle   |
| In Care Of: America Best California Development Regional Center, LLC c/o KU&Associates, Inc. |  |  |
| Street Address/P.O. Box: 650 Camino De Gloria  |  |  |
| City: Walnut (b)(6)  | State: CA                                      | Zip Code: 91789                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): (909) 869-5827 | Telephone Number (include area code): (626) 353-0720 |
| Web site address: www.americabestcaliforniadevelopment.com                                   |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1220250711 / RC ID 1220250711

**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: America Best California Development Regional Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 650 Camino De Gloria               |  |   |
| City: walnut  | State: CA                                      | Zip Code: 91789                               |
| Web site Address: www.americabestcalifor niadevelopment.com | Fax Number (include area code): (909) 869-5827 | Telephone (include area code): (626) 353-0720 |

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): |

REC'D CSC 15DEC28 16:32

5233



**RCW1536454025**

(b)(4)

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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:<br>Traveler Accommodation                             |   | NAICS Code for the Industry Category<br>7 2 1 1 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [Redacted]  |   |   |
| b. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesalers |   | NAICS Code for the Industry Category<br>4 2 3 2 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [Redacted]  |   |   |
| c. Industry Category Title:<br>Continue on Page 10                                |   | NAICS Code for the Industry Category<br>_____   |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [Redacted]  |   |   |

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:<br>California Best Development & Investment, LP  |   | Industry Category Title:<br>Traveler Accommodation & Real Estate |   |
| Address (Street Number and Name):<br>650 Camino De Gloria  | City:<br>Walnut                             | State:<br>CA   | Zip Code:<br>91789  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                       |   |
| [Redacted]   |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>KU & Associates, Inc.               |  | <b>Industry Category Title:</b><br>Traveler Accommodation & Real Estate |                           |
| <b>Address (Street Number and Name):</b><br>650 Camino De Gloria | <b>City:</b><br>Walnut                   | <b>State:</b><br>CA   | <b>Zip Code:</b><br>91789 |
| <b>EB-5 Capital Investment:</b>                                  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
| [REDACTED]   |  |   |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>                         | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

(b)(4)

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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:<br>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:<br>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:<br>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**.

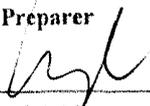
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Danny KU       | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 353-0720  | <b>E-Mail Address</b><br>danny_ku@kuassociates.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Linda LAU             | <b>Date (mm/dd/yyyy)</b><br>12/24/2015            |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro St., Suite #1<br>South Pasadena, CA 91030         |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>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<br>YU | First<br>Ningchen | Middle |
|------------------|-------------------|--------|

In Care Of: American Alliance Regional Center

Street Address/P.O. Box: 3592 Rosemead Blvd. Suite 262

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: Rosemead (b)(6) | State: CA | Zip Code: 91770 |
|-----------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 6265934889 | Telephone Number (include area code): 6265600614 |
|----------------------------|--|--|

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1109050190/RCID1109050190

**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 Alliance Regional Center

Street Address/P.O. Box: 3592 Rosemead Blvd. Suite 262

|                       |  |   |
|-----------------------|--|---|
| City: Rosemead        | State: CA                                  | Zip Code: 91770                           |
| Web site Address: N/A | Fax Number (include area code): 6265934889 | Telephone (include area code): 6265600614 |

**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): |           |



**RCW1536554101**

egarcia2 I924A 12/29/2015

5233 RECD CSC150E29 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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Nonresidential Building Construction             |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [Redacted]  |   |   |
| b. Industry Category Title:<br>Traveler Accommodations                          |   | NAICS Code for the Industry Category<br>7 2 1 1 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [Redacted]  |   |   |
| c. Industry Category Title:<br>Architectural, Engineering, and Related Services |   | NAICS Code for the Industry Category<br>5 4 1 3 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| [Redacted]  |   |   |

- 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:<br>TBD - Please see attached cover letter   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:<br>(b)(4)                             | State:<br>[Dropdown]       | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

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

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

|                                   |                                   |                                    |           |
|-----------------------------------|-----------------------------------|------------------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title:           |           |
| Address (Street Number and Name): | City:                             | State:<br><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:<br><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:<br><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:<br><input type="checkbox"/> | Zip Code |
| EB-5 Capital Investment           | Direct and Indirect Job Creation | Jobs Maintained                    |          |

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title:  |           |
| Address (Street Number and Name): | City:                             | State:<br> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:  |           |

|                                   |                                   |   |           |
|-----------------------------------|-----------------------------------|---|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title:  |           |
| Address (Street Number and Name): | City:                             | State:<br> | 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:<br><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:<br><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:<br><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:<br><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="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)                                 |        |         |

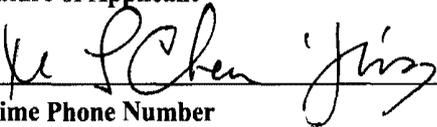
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>         | <b>Printed Name of Applicant</b><br>Ningchen Yu   | <b>Date (mm/dd/yyyy)</b><br>12/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>6265600614  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President and 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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Lisa Yoon         | <b>Date (mm/dd/yyyy)</b><br>12/23/2015            |
| <b>Firm Name and Address</b><br>Sapient Law Group, P.C. 155 N. Lake Ave. Suite 420 Pasadena CA 91101                |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>6267680522   | <b>Fax Number (Area/Country Codes)</b><br>6267680523 | <b>E-Mail Address</b><br>info@sapientlawgroup.com |

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

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

RCW 1535853905  
REC'D CSC 15DEC23 15:07  
5326

**Part 1. Information About Principal of the Regional Center**

|                      |              |        |
|----------------------|--------------|--------|
| Name: Last<br>Samuel | First<br>Tim | Middle |
|----------------------|--------------|--------|

In Care Of:

Street Address/P.O. Box: 6700 Balfour Road

|                            |  |  |
|----------------------------|--|--|
| City: Brentwood<br>(b)(6)  | State: CA                                      | Zip Code: 94513                                      |
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (925) 417-6623 | Telephone Number (include area code): (510) 421-9666 |

Web site address: To be determined.

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1320451180

**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 Advancement Capital Co.

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 6700 Balfour Road |  |   |
| City: Brentwood                            | State: CA                                      | Zip Code: 94513                               |
| Web site To be determined.<br>Address:     | Fax Number (include area code): (925) 417-6623 | Telephone (include area code): (510) 421-9666 |

**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): |



**RCW1535853905**  
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.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| [Redacted]                        | (projected)                                | N/A (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".)

|  |   |
|--|---|
| <b>a. Industry Category Title:</b><br>Construction | NAICS Code for the Industry Category<br>2 3 0 0 0 0 |
|--|---|

|  |  |  |
|--|--|--|
| Aggregate EB-5 Capital Investment:<br>[Redacted] | Aggregate Direct and Indirect Job Creation:<br>(projected) | Aggregate Jobs Maintained:<br>N/A (b)(4) |
|--|--|--|

|  |   |
|--|---|
| <b>b. Industry Category Title:</b><br>Architectural, Engineering, and Related Services | NAICS Code for the Industry Category<br>5 4 1 3 0 0 |
|--|---|

|  |   |                                   |
|--|---|-----------------------------------|
| Aggregate EB-5 Capital Investment:<br>[Redacted] | Aggregate Direct and Indirect Job Creation:<br>(projected) (b)(4) | Aggregate Jobs Maintained:<br>N/A |
|--|---|-----------------------------------|

|   |   |
|---|---|
| <b>c. Industry Category Title:</b><br>Services to Buildings and Dwellings | NAICS Code for the Industry Category<br>5 6 1 7 0 0 |
|---|---|

|  |   |                                   |
|--|---|-----------------------------------|
| Aggregate EB-5 Capital Investment:<br>[Redacted] | Aggregate Direct and Indirect Job Creation:<br>(projected) (b)(4) | Aggregate Jobs Maintained:<br>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>a. Name of Commercial Enterprise:</b><br>Stanley Project Fund, LP | <b>Industry Category Title:</b><br>Investment Management |
|--|--|

|   |                            |                     |                           |
|---|----------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>1807 Sannita Ct | <b>City:</b><br>Pleasanton | <b>State:</b><br>CA | <b>Zip Code:</b><br>94566 |
|---|----------------------------|---------------------|---------------------------|

|  |   |                                   |
|--|---|-----------------------------------|
| Aggregate EB-5 Capital Investment:<br>[Redacted] | Aggregate Direct and Indirect Job Creation:<br>(projected) (b)(4) | Aggregate Jobs Maintained:<br>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.

|  |   |  |                           |
|--|---|--|---------------------------|
| <b>(1) Business Name:</b><br>Kontech USA, Inc.                 |   | <b>Industry Category Title:</b><br>Real Estate |                           |
| <b>Address (Street Number and Name):</b><br>1807 Sannita Court | <b>City:</b><br>Pleasanton                              | <b>State:</b><br>CA                            | <b>Zip Code:</b><br>94566 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                      | <b>Direct and Indirect Job Creation:</b><br>(projected) | <b>Jobs Maintained:</b><br>N/A                 |                           |
| <b>(2) Business Name</b><br>None                               |   | <b>Industry Category Title:</b>                |                           |
| <b>Address (Street Number and Name):</b>                       | <b>City:</b>  | <b>State:</b><br><input type="checkbox"/>      | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b>                | <b>Jobs Maintained:</b>                        |                           |

|  |  |   |                  |
|--|--|---|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>None |  | <b>Industry Category Title:</b>           |                  |
| <b>Address (Street Number and Name):</b>         | <b>City:</b>                                       | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>        | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>         |                  |

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b>           |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                    |                  |

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

|                                   |                                   |                                    |           |
|-----------------------------------|-----------------------------------|------------------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title:           |           |
| Address (Street Number and Name): | City:                             | State:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|   |   |                                    |           |
|---|---|------------------------------------|-----------|
| c. Name of Commercial Enterprise:<br>None |   | Industry Category Title:           |           |
| Address (Street Number and Name):         | City:                                       | State:<br><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:<br><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:<br><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:<br>None |   | Industry Category Title:           |           |
| Address (Street Number and Name):         | City:                                       | State:<br><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:<br><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:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|   |   |                                    |           |
|---|---|------------------------------------|-----------|
| e. Name of Commercial Enterprise:<br>None |   | Industry Category Title:           |           |
| Address Street Number and Name:           | City:                                       | State:<br><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:<br><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:<br><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.)

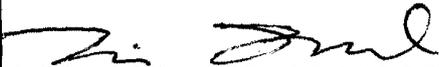
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Tim Samuel | <b>Date (mm/dd/yyyy)</b><br>12/10/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 695-1688  | <b>E-Mail Address</b><br>timsamuel@126.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |   |
|--|--|---|
| <b>Signature of Preparer</b><br>          | <b>Printed Name of Preparer</b><br>Jean D. Chen, Esq.    | <b>Date (mm/dd/yyyy)</b><br>12-15-2015        |
| <b>Firm Name and Address</b><br>LAW OFFICES OF JEAN D. CHEN, APC<br>2107 North First Street, Suite 400<br>San Jose, CA 95131 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(408) 437-1788  | <b>Fax Number (Area/Country Codes)</b><br>(408) 437-9788 | <b>E-Mail Address</b><br>chen@jclawoffice.com |

**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<br>Gooding | First<br>Peter | Middle<br>M. |
|-----------------------|----------------|--------------|

In Care Of:

Street Address/P.O. Box: 4248 N Craftsman Court, Suite 200

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Scottsdale (b)(6) | State: AZ | Zip Code: 85251 |
|-------------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): [Redacted] | Fax Number (include area code): (480) 451-6191 | Telephone Number (include area code): (480) 315-8085 |
|--|--|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1224050742

**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: America West Regional Center. L.L.C.

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 4248 N Craftsman Court, Suite 200 |  |   |
| City: Scottsdale   | State: AZ                                      | Zip Code: 85251                               |
| Web site Address: www.awrcllc.com                          | Fax Number (include area code): (480) 451-6191 | Telephone (include area code): (480) 315-8085 |

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): |



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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:<br>non-residential construction        |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation:             | Aggregate Jobs Maintained:                      |
|  |   |   |
| b. Industry Category Title:<br>Travler Accomodations               |   | NAICS Code for the Industry Category<br>7 2 1 1 |
| Aggregate EB-5 Capital Investment:<br>None yet                     | Aggregate Direct and Indirect Job Creation:<br>none yet | Aggregate Jobs Maintained:                      |
| c. Industry Category Title:<br>restaurants and other eating palces |   | NAICS Code for the Industry Category<br>7 2 2 5 |
| Aggregate EB-5 Capital Investment:<br>none yet                     | Aggregate Direct and Indirect Job Creation:<br>none yet | 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:<br>Phoenix Hotel Investors, L.L.C.   |   | Industry Category Title:<br>Traveler Accomodations |                    |
| Address (Street Number and Name):<br>4248 N Craftsman Court, #200  | City:<br>Scottsdale                         | State:<br>AZ                                       | Zip Code:<br>85251 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                         |                    |
|  |   |  |                    |
| Does this EB-5 commercial enterprise serve as a 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:<br>Portland Place Hotel, LLC    |                                   | Industry Category Title:<br>traveler accomodations/restraurant |                    |
| Address (Street Number and Name):<br>1429 N 1st St | City:<br>Phoenix                  | State:<br>AZ   | Zip Code:<br>85004 |
| EB-5 Capital Investment:<br><b>(b)(4)</b>          | Direct and Indirect Job Creation: | Jobs Maintained:   |                    |
| (2) Business 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 |
| [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.)

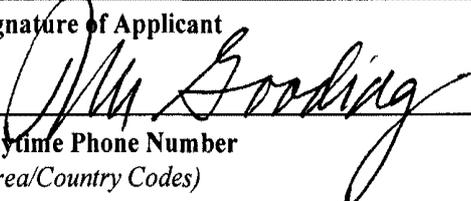
(b)(4)

| 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 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Peter M Gooding | <b>Date (mm/dd/yyyy)</b><br>12/26/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(480) 315-8085                                       | <b>E-Mail Address</b><br>pgooding@truewest.com      |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Managimng 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

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

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

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

RCW 1536354015

5326

**Part 1. Information About Principal of the Regional Center**

|  |   |   |
|--|---|---|
| Name: Last<br>DESA   | First<br>ANTHONY                                  | Middle<br>N/A   |
| In Care Of:  |   |   |
| Street Address/P.O. Box: 10655 PARK RUN DRIVE, SUITE 210   |   |   |
| City: LAS VEGAS (b)(6)   | State: NV   | Zip Code: 89144   |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (702) 658-9388 | Telephone Number<br>(include area code): (702) 658-8080 |
| Web site address: N/A  |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1320551181 |   |   |

**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: AMERICA'S REGIONAL CENTER, LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 10655 PARK RUN DRIVE, SUITE 210 |   |  |
| City: LAS VEGAS  | State: NV   | Zip Code: 89144                                  |
| Web site NONE<br>Address:                                | Fax Number<br>(include area code): (702) 658-9388 | Telephone<br>(include area code): (702) 658-8080 |

B. Name of Managing Company/Agency: LANDMARK DEVELOPMENT PARTNERS, LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 10655 PARK RUN DRIVE, SUITE 210 |   |  |
| City: LAS VEGAS  | State: NV   | Zip Code: 89144                                  |
| Web site NONE<br>Address:                                | Fax Number<br>(include area code): (702) 658-9388 | Telephone<br>(include area code): (702) 658-8080 |

C. Name of Other Agent: NONE

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



RCW1536354015

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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.

(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”.)

|   |  |   |
|---|--|---|
| <b>a. Industry Category Title:</b><br>N/A |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| <b>b. Industry Category Title:</b><br>N/A |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| <b>c. Industry Category Title:</b><br>N/A |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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>a. Name of Commercial Enterprise:</b><br>To Be Determined  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b><br>N/A   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

|   |   |                                 |                  |
|---|---|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>To Be Determined   |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b>                                    | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A  |                  |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b>                                    | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A  |                  |

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

|   |  |                                 |                 |
|---|--|---------------------------------|-----------------|
| <b>(1) Business Name:</b><br>To Be Determined   |  | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b>                                   | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A   |                 |

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

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

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

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

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

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

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

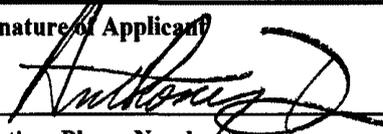
(b)(4)

| 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**.

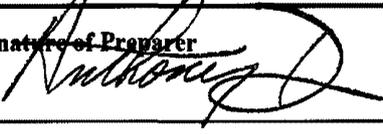
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>ANTHONY DESA | <b>Date (mm/dd/yyyy)</b> |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(702) 658-8080  | <b>E-Mail Address</b><br>ad@ccrc.us              |                          |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                                     |
|--|--|-------------------------------------|
| <b>Signature of Preparer</b><br>          | <b>Printed Name of Preparer</b><br>ANTHONY DESA          | <b>Date (mm/dd/yyyy)</b>            |
| <b>Firm Name and Address</b><br>LANDMARK DEVELOPMENT PARTNERS, LLC<br>10655 PARK RUN DRIVE, SUITE 210<br>LAS VEGAS, NV 89144 |  |                                     |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(702) 658-9388  | <b>Fax Number (Area/Country Codes)</b><br>(702) 658-8080 | <b>E-Mail Address</b><br>ad@ccrc.us |

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

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

REC'D CSC I50DEC22 16-23

5338

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Lee  | First<br>Daniel                            | Middle   |
| In Care Of: America Development Investment Center, LLC   |  |  |
| Street Address/P.O. Box: 201 17th Street NW, Suite 1700  |  |  |
| City: Atlanta (b)(6)   | State: GA <input type="checkbox"/>         | Zip Code: 30363                                  |
| Date of Birth (mm/dd/yyyy): <input type="text"/>   | Fax Number (include area code): 4043226036 | Telephone Number (include area code): 4043226297 |
| Web site address: N/A  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | RCW1215250673                                    |

**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:** America Development Investment Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 201 17th Street NW, Suite 1700 |  |   |
| City: Atlanta   | State: GA <input type="checkbox"/>         | Zip Code: 30363                           |
| Web site Address: N/A                                   | Fax Number (include area code): 4043226036 | Telephone (include area code): 4043226297 |

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

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| 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:** N/A

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State: <input type="checkbox"/> | Zip Code:                      |
| Web site Address:        | Fax Number (include area code): | Telephone (include area code): |



RCW1535653820

(b)(4)

**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:<br>Industrial Building Construction  |   | NAICS Code for the Industry Category<br>2 3 2 6 1 |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
|  |   |   |
| b. Industry Category Title:<br>Motor Vehicle Parts Manufacturing |   | NAICS Code for the Industry Category<br>3 3 6 3   |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
|  |   |   |
| c. Industry Category Title:<br>N/A                               |   | NAICS Code for the Industry Category<br>-----     |
| (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:<br>N/A   |   | Industry Category Title:               |                              |
| Address (Street Number and Name):  | City:                                       | State:<br><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:<br><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:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

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

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

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

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

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

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

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

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

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

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

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

Does this EB-5 commercial enterprise 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:<br><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:<br><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 |
| [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.)

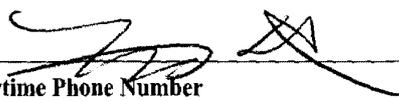
(b)(4)

| 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.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br>                          | <b>Printed Name of Applicant</b><br>Daniel Lee | <b>Date (mm/dd/yyyy)</b><br>12/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>4043226297   | <b>E-Mail Address</b><br>daniel@co-invest.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President, Chief Executive Officer 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

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

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

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

REC'D CSCY15DEC29 20:45  
5233

**Part 1. Information About Principal of the Regional Center**

|  |                                 |  |
|--|---------------------------------|--|
| Name: Last<br>McCarthy   | First<br>Joseph                 | Middle<br>Charlton                                   |
| In Care Of: American Dream Fund, LLC d/b/a Los Angeles Regional Center |                                 |  |
| Street Address/P.O. Box: 880 Apollo Street, Suite 218                  |                                 |  |
| City: El Segundo (b)(6)  | State: CA                       | Zip Code: 90245                                      |
| Date of Birth (mm/dd/yyyy) [Redacted]                                  | Fax Number (include area code): | Telephone Number (include area code): (310) 736-2159 |
| Web site address: www.adreamfund.com                                   |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09002070

**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 Dream Fund, LLC d/b/a Los Angeles Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 880 Apollo Street, Suite 218 |  |   |
| City: El Segundo                                      | State: CA                                      | Zip Code: 90245                               |
| Web site www.adreamfund.com<br>Address:               | Fax Number (include area code): (310) 706-4388 | Telephone (include area code): (310) 736-2159 |

**B. Name of Managing Company/Agency:** American Dream Fund, LLC

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: 880 Apollo Street Suite 218 |                                 |   |
| City: El Segundo                                     | State: CA                       | Zip Code: 90245                               |
| Web site www.adreamfund.com<br>Address:              | Fax Number (include area code): | Telephone (include area code): (310) 736-2159 |

**C. Name of Other Agent:**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>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.”)

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
|                                   | (b)(4)                                     | 0                         |

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

|   |   |   |
|---|---|---|
| a. Industry Category Title:<br>Food and Accomodation            |   | NAICS Code for the Industry Category<br>7 2 2 1 0 0 |
| Aggregate EB-5 Capital Investment:<br>(reported in prior 924As) | Aggregate Direct and Indirect Job Creation:<br>(b)(4) | Aggregate Jobs Maintained:                          |
| b. Industry Category Title:<br>Construction                     |   | NAICS Code for the Industry Category<br>2 3 6 2 0 0 |
| Aggregate EB-5 Capital Investment:<br>(reported in prior 924As) | Aggregate Direct and Indirect Job Creation:<br>(b)(4) | Aggregate Jobs Maintained:                          |
| c. Industry Category Title:                                     |   | NAICS Code for the Industry Category<br>— — — — —   |
| 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:<br>EB5 Investment Partnership - Draï's, LP   |   | Industry Category Title:   |                    |
| Address (Street Number and Name):<br>880 Apollo St. Suite 218  | City:<br>El Segundo                         | State:<br>CA               | Zip Code:<br>90245 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Hollywood & Vine Nightclub Owner, LLC |   | <b>Industry Category Title:</b><br>Food and Accommodation Services |                           |
| <b>Address (Street Number and Name):</b><br>6250 Hollywood Blvd    | <b>City:</b><br>Hollywood   | <b>State:</b><br>CA  | <b>Zip Code:</b><br>90028 |
| <b>EB-5 Capital Investment:</b><br>(reported in prior 924As)       | <b>Direct and Indirect Job Creation:</b><br><input type="checkbox"/> (b)(4) | <b>Jobs Maintained:</b>  |                           |
| <b>(2) Business Name</b>   |   | <b>Industry Category Title:</b>                                    |                           |
| <b>Address (Street Number and Name):</b>                           | <b>City:</b>  | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                    | <b>Direct and Indirect Job Creation:</b><br><input type="checkbox"/>        | <b>Jobs Maintained:</b>  |                           |

|   |  |                                   |                           |
|---|--|-----------------------------------|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>EB5 Investment Partnership - Delphine's, LP |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b><br>880 Apollo Street Suite 218                 | <b>City:</b><br>El Segundo                         | <b>State:</b><br>CA               | <b>Zip Code:</b><br>90245 |
| <b>Aggregate EB-5 Capital Investment:</b>   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Hollywood and Vine Restaurant Owner, LLC |  | <b>Industry Category Title:</b><br>Food and Accomodation |                          |
| <b>Address (Street Number and Name):</b><br>6250 Hollywood Blvd       | <b>City:</b><br>Hollywood  | <b>State:</b><br>CA                                      | <b>Zip Code</b><br>90028 |
| <b>EB-5 Capital Investment</b><br>(reported in prior 924As)           | <b>Direct and Indirect Job Creation</b><br><input type="checkbox"/> (b)(4) | <b>Jobs Maintained</b>                                   |                          |

**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)**

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

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

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

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

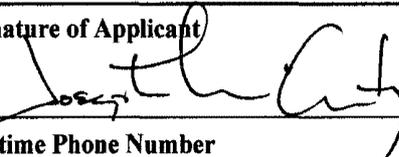
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Joseph McCarthy | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(310) 736-2159  | <b>E-Mail Address</b><br>jmccarthy@adreamfund.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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<br>McCarthy                                | First<br>Joseph                 | Middle<br>Charlton                                   |
| In Care Of: American Dream Fund, LLC                  |                                 |  |
| Street Address/P.O. Box: 880 Apollo Street, Suite 218 |                                 |  |
| City: El Segundo (b)(6)                               | State: CA                       | Zip Code: 90245                                      |
| Date of Birth (mm/dd/yyyy)                            | Fax Number (include area code): | Telephone Number (include area code): (310) 736-2159 |
|   |                                 |  |
| Web site address: www.adreamfund.com                  |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1420251820/ID1420251820

**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 Dream Fund Hawaii Regional Center, LLC

Street Address/P.O. Box: 880 Apollo Street, Suite 218

|   |  |   |
|---|--|---|
| City: El Segundo                        | State: CA                                      | Zip Code: 90245                               |
| Web site www.adreamfund.com<br>Address: | Fax Number (include area code): (310) 706-4388 | Telephone (include area code): (310) 736-2159 |

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

|                      |                                 |                                |
|----------------------|---------------------------------|--------------------------------|
| City:                | State:                          | Zip Code:                      |
| Web site<br>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): |



**RCW1536554089**

egarcia2 I924A 12/29/2015

1627 5025091-001 001 5263

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

(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.)

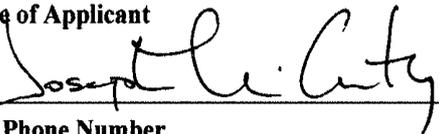
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Joseph McCarthy | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(310) 736-2159  | <b>E-Mail Address</b><br>jmccarthy@adreamfund.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

5263

**Part 1. Information About Principal of the Regional Center**

|   |                                 |  |
|---|---------------------------------|--|
| Name: Last<br>McCarthy  | First<br>Joseph                 | Middle<br>Charlton                                   |
| In Care Of: American Dream Fund, LLC  |                                 |  |
| Street Address/P.O. Box: 880 Apollo Street, Suite 218   |                                 |  |
| City: El Segundo (b)(6)   | State: CA                       | Zip Code: 90245                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> | Fax Number (include area code): | Telephone Number (include area code): (310) 736-2159 |
| Web site address: www.adreamfund.com  |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1423051850 / ID1423051850

**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 Dream Fund Chicago Regional Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 880 Apollo Street, Suite 218 |  |   |
| City: El Segundo                                      | State: CA                                      | Zip Code: 90245                               |
| Web site Address: www.adreamfund.com                  | Fax Number (include area code): (310) 706-4388 | Telephone (include area code): (310) 736-2159 |

**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): |



**RCW1600454109**

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.”)

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

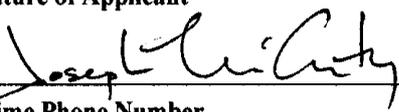
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Joseph McCarthy | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(310) 736-2159  | <b>E-Mail Address</b><br>jmccarthy@adreamfund.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

16 023091 091 091 5326

**Part 1. Information About Principal of the Regional Center**

|                    |               |        |
|--------------------|---------------|--------|
| Name: Last<br>Duan | First<br>Ming | Middle |
|--------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: 9085 Alcosta Blvd, Suite 388

|                        |           |                 |
|------------------------|-----------|-----------------|
| City: San Ramon (b)(6) | State: CA | Zip Code: 94583 |
|------------------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (408) 288-6681 | Telephone Number<br>(include area code): (415) 398-1788 |
|-------------------------------|---|---|

Web site address: To be determined.

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1416951782

**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 Coast Regional Center, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 380 N First Street |   |  |
| City: San Jose                              | State: CA   | Zip Code: 95112                                  |
| Web site To be determined.<br>Address:      | Fax Number<br>(include area code): (408) 288-6681 | Telephone<br>(include area code): (415) 398-1788 |

B. Name of Managing Company/Agency:

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

C. Name of Other Agent:

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



**RCW1536454023**

maginger 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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        | (projected) (b)(4)                         | 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>a. Industry Category Title:</b><br>Please see Form I-924A, Addendum attached. |   | <b>NAICS Code for the Industry Category</b><br>_____ |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                           |
|  |   |  |
| <b>b. Industry Category Title:</b><br>Please see Form I-924A, Addendum attached. |   | <b>NAICS Code for the Industry Category</b><br>_____ |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                           |
|  |   |  |
| <b>c. Industry Category Title:</b><br>Please see Form I-924A, Addendum attached. |   | <b>NAICS Code for the Industry Category</b><br>_____ |
| 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>a. Name of Commercial Enterprise:</b><br>To be determined   |   | <b>Industry Category Title:</b><br>Real Estate Development |           |
| Address (Street Number and Name):  | City:                                       | State:   | Zip Code: |
|  |   |  |           |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |           |
| [Redacted]   | (projected) (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 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>(1) Business Name:</b><br>To be determined. |                                   | Industry Category Title: |           |
| Address (Street Number and Name):              | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:                       | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>                       |                                   | Industry Category Title: |           |
| Address (Street Number and Name):              | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:                       | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b><br>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.

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

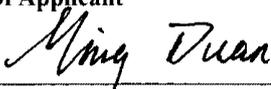
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Ming Duan  | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(415) 398-1788  | <b>E-Mail Address</b><br> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Justin G. Fok, Esq.   | <b>Date (mm/dd/yyyy)</b><br>12/23/15          |
| <b>Firm Name and Address</b><br>Law Offices of Jean D. Chen<br>2107 N First Street, Suite 400<br>San Jose, CA 95131 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(408) 437-1788   | <b>Fax Number (Area/Country Codes)</b><br>(408) 437-9788 | <b>E-Mail Address</b><br>jfok@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<br>McCarthy   | First<br>Joseph                 | Middle<br>Charlton                                   |
| In Care Of: American Dream Fund, LLC d/b/a Las Vegas Regional Center |                                 |  |
| Street Address/P.O. Box: 880 Apollo Street, Suite 218                |                                 |  |
| City: El Segundo (b)(6)  | State: CA                       | Zip Code: 90245                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): | Telephone Number (include area code): (310) 736-2159 |
| Web site address: www.adreamfund.com                                 |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001010

**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 Dream Fund, LLC d/b/a Las Vegas Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 880 Apollo Street, Suite 218 |  |   |
| City: El Segundo                                      | State: CA                                      | Zip Code: 90245                               |
| Web site www.adreamfund.com<br>Address:               | Fax Number (include area code): (310) 706-4388 | Telephone (include area code): (310) 736-2159 |

**B. Name of Managing Company/Agency:** American Dream Fund, LLC

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: 880 Apollo Street Suite 218 |                                 |   |
| City: El Segundo                                     | State: CA                       | Zip Code: 90245                               |
| Web site www.adreamfund.com<br>Address:              | Fax Number (include area code): | Telephone (include area code): (310) 736-2159 |

**C. Name of Other Agent:**

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



**RCW1536554093**

5263

**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:<br>Construction |   | NAICS Code for the Industry Category<br>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:<br>Casino       |   | NAICS Code for the Industry Category<br>7 1 3 2 1 0 |  |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |
| c. Industry Category Title:<br>Hotel        |   | NAICS Code for the Industry Category<br>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:<br>SLS Lender, LLC   |   | Industry Category Title:   |                    |
| Address (Street Number and Name):<br>1925 Lovering Avenue  | City:<br>Wilmington                         | State:<br>DE               | Zip Code:<br>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.

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>(1) Business Name:</b><br>Stockbridge/SBE Holdings, LLC  |   | <b>Industry Category Title:</b><br>Hotel and Casino |                           |
| <b>Address (Street Number and Name):</b><br>1209 Orange St. | <b>City:</b><br>Wilmington                      | <b>State:</b><br>DE                                 | <b>Zip Code:</b><br>19801 |
| <b>EB-5 Capital Investment:</b><br>[Redacted] (b)(4)        | <b>Direct and Indirect Job Creation:</b>        | <b>Jobs Maintained:</b>                             |                           |
| <b>(2) Business Name</b>                                    |   | <b>Industry Category Title:</b>                     |                           |
| <b>Address (Street Number and Name):</b>                    | <b>City:</b>                                    | <b>State:</b>                                       | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                             | <b>Direct and Indirect Job Creation:</b><br>111 | <b>Jobs Maintained:</b>                             |                           |

|   |  |                                   |                           |
|---|--|-----------------------------------|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>SLS Tranche I Lender, LLC |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b><br>1209 Orange St.           | <b>City:</b><br>Wilmington                         | <b>State:</b><br>DE               | <b>Zip Code:</b><br>19801 |
| <b>Aggregate EB-5 Capital Investment:</b>                             | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                           |

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

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Stockbridge/SBE Holdings, LLC  |  | <b>Industry Category Title:</b><br>Hotel and Casino |                           |
| <b>Address (Street Number and Name):</b><br>1209 Orange St. | <b>City:</b><br>Wilmington               | <b>State:</b><br>DE                                 | <b>Zip Code:</b><br>19801 |
| <b>EB-5 Capital Investment:</b><br>[Redacted] (b)(4)        | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                             |                           |

**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)**

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

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

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

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

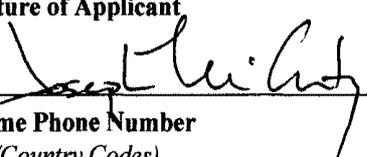
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Joseph McCarthy | <b>Date (mm/dd/yyyy)</b><br>12/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(310) 736-2159  | <b>E-Mail Address</b><br>jmccarthy@adreamfund.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

5326

**Part 1. Information About Principal of the Regional Center**

|                      |                  |                |
|----------------------|------------------|----------------|
| Name: Last<br>Denton | First<br>Gregory | Middle<br>Alan |
|----------------------|------------------|----------------|

In Care Of:

Street Address/P.O. Box: 20204 SE 39th Place

|                        |           |                 |
|------------------------|-----------|-----------------|
| City: Sammamish (b)(6) | State: WA | Zip Code: 98075 |
|------------------------|-----------|-----------------|

|   |                                 |  |
|---|---------------------------------|--|
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> | Fax Number (include area code): | Telephone Number (include area code): (786) 218-1275 |
|---|---------------------------------|--|

Web site address: www.americanbridgeEB5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID 1239950829 RCW 12-339-50829

**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 Bridge Seattle Regional Center

|   |                                 |   |
|---|---------------------------------|---|
| Street Address/P.O. Box: 20204 SE 39th Place    |                                 |   |
| City: Sammamish                                 | State: WA                       | Zip Code: 98075                               |
| Web site www.americanbridgeEB5.<br>Address: com | Fax Number (include area code): | Telephone (include area code): (786) 218-1275 |

**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:



RCW1608154281

maginger 1924A 03/21/2016

**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.”)

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

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

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

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

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

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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

**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.

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

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.)

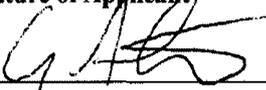
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Gregory A. Denton  | <b>Date (mm/dd/yyyy)</b><br>02/23/1964 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(786) 218-1275  | <b>E-Mail Address</b><br>gdenton@americanbridgeEB5.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

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

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

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

RCW 1535753885 03/18/15 Y Page 1

**Part 1. Information About Principal of the Regional Center**

|  |                                 |  |
|--|---------------------------------|--|
| Name: Last<br>Mirrafati                              | First<br>David                  | Middle   |
| In Care Of: American Altin L.L.C.                    |                                 |  |
| Street Address/P.O. Box: 17741 Mitchell N., Ste. 200 |                                 |  |
| City: Irvine (b)(6)                                  | State: CA                       | Zip Code: 92614                                      |
| Date of Birth (mm/dd/yyyy)                           | Fax Number (include area code): | Telephone Number (include area code): (949) 252-9999 |
| Web site address: www.americanaltin.com              |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1224150743

**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 Altin Regional Center

|   |                                 |   |
|---|---------------------------------|---|
| Street Address/P.O. Box: 17741 Mitchell N., Ste 200 |                                 |   |
| City: Irvine  | State: CA                       | Zip Code: 92614                               |
| Web site americanaltin.com<br>Address:              | Fax Number (include area code): | Telephone (include area code): (949) 252-9999 |

B. Name of Managing Company/Agency: American Altin L.L.C.

|   |                                 |   |
|---|---------------------------------|---|
| Street Address/P.O. Box: 17741 Mitchell N., Ste 200 |                                 |   |
| City: Irvine  | State: CA                       | Zip Code: 92614                               |
| Web site americanaltin.com<br>Address:              | Fax Number (include area code): | Telephone (include area code): (949) 252-9999 |

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): |



**RCW1535753885**

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Residential Remodelers        |   | NAICS Code for the Industry Category<br>2 3 6 1 1 8 |  |
| Aggregate EB-5 Capital Investment:                           | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]   |   |   |  |
| b. Industry Category Title:<br>Residential Property Managers |   | NAICS Code for the Industry Category<br>5 3 1 3 1 1 |  |
| Aggregate EB-5 Capital Investment:                           | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]   |   |   |  |
| c. Industry Category Title:                                  |   | NAICS Code for the Industry Category<br>-----       |  |
| Aggregate EB-5 Capital Investment:                           | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]   |   |   |  |

- 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:<br>Americn Altin Partners, LP  |   | Industry Category Title:<br>Residential Real Estate |   |
| Address (Street Number and Name):<br>17741 Mitchell N. Ste 200   | City:<br>Irvine                             | State:<br>CA  | Zip Code:<br>92614  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |   |
| [Redacted]   |   |   |   |
| Does this EB-5 commercial 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 |
| (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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>David Mirrafati | <b>Date (mm/dd/yyyy)</b><br>12/15/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(949) 252-9999  | <b>E-Mail Address</b><br>david@americanaltin.com    |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b>                          |   |  |

**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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 1500729 2015

**Part 1. Information About Principal of the Regional Center**

|                        |               |        |
|------------------------|---------------|--------|
| Name: Last<br>Senbahar | First<br>Izak | Middle |
|------------------------|---------------|--------|

In Care Of: Alexico New York Regional Center, LLC

Street Address/P.O. Box: 150 East 58th Street, 33rd Floor

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: New York (b)(6) | State: NY | Zip Code: 10155 |
|-----------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (212) 371-8878 | Telephone Number (include area code): (212) 371-8188 |
|----------------------------|--|--|

Web site address: <http://alexicogroup.com/>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1413551757

**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:** Alexico New York Regional Center, LLC

Street Address/P.O. Box: 150 East 58th Street, 33rd Floor

|                       |  |   |
|-----------------------|--|---|
| City: New York        | State: NY                                      | Zip Code: 10155                               |
| Web site N/A Address: | Fax Number (include area code): (212) 371-8878 | Telephone (include area code): (212) 371-8188 |

**B. Name of Managing Company/Agency:** Alexico Regional Center Manager, LLC

Street Address/P.O. Box: 150 East 58th Street, 33rd Floor

|                       |  |   |
|-----------------------|--|---|
| City: New York        | State: NY                                      | Zip Code: 10155                               |
| Web site N/A Address: | Fax Number (include area code): (212) 371-8878 | Telephone (include area code): (212) 371-8188 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                   |                                 |                                |
|-------------------|---------------------------------|--------------------------------|
| City:             | State: NY                       | Zip Code:                      |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



**RCW1530253403**

**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:<br>Residential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 1 |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|  |   |   |

|   |   |   |
|---|---|---|
| b. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesale |   | NAICS Code for the Industry Category<br>4 2 3 2 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|   |   |   |

|   |   |   |
|---|---|---|
| c. Industry Category Title:<br>Office of Real Estate Agents and Brokers |   | NAICS Code for the Industry Category<br>4 2 3 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:<br>N/A  |  | Industry Category Title:<br>(b)(4) |           |
| Address (Street Number and Name):   | City:  | State:<br>NY                       | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>0   | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>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.

|  |   |                                 |                  |
|--|---|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                                  | <b>State:</b><br>NY             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>0     | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0    |                  |
| <b>(2) Business Name</b>                 |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                                  | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b>      | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                   |                  |
|--|--|-----------------------------------|------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>           |                  |
| <b>(2) Business Name:</b><br>N/A   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>           |                  |
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address Street Number and Name:</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |                                   |                  |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [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.)

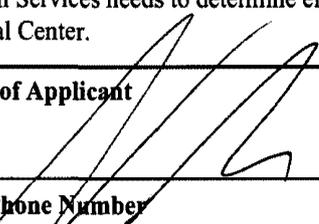
(b)(4)

| 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**.

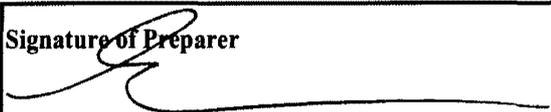
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Izak Senbahar      | <b>Date (mm/dd/yyyy)</b><br>10/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(212) 371-8188  | <b>E-Mail Address</b><br>izaksenbahar@alexicogroup.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>CEO/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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Debbie A. Klis, Esq.  | <b>Date (mm/dd/yyyy)</b><br>10/28/2015          |
| <b>Firm Name and Address</b><br>Ballard Spahr LLP<br>1909 K. Street, NW, 12TH Floor<br>Washington DC, 20006         |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 661-7661   | <b>Fax Number (Area/Country Codes)</b><br>(202) 661-2299 | <b>E-Mail Address</b><br>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<br>Senbahar   |  | First<br>Izak | Middle   |
| In Care Of: Alexico Group, LLC   |  |               |  |
| Street Address/P.O. Box: 150 East 58th Street, 33rd Floor  |  |               |  |
| City: New York (b)(6)  |  | State: NY     | Zip Code: 10155                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): (212) 371-8878 |               | Telephone Number (include area code): (212) 371-8188 |
| Web site address: <a href="http://alexicogroup.com/">http://alexicogroup.com/</a>  |  |               |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | RCW1425151879 |  |

**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:** Alexico Los Angeles Regional Center, LLC

|   |  |           |   |
|---|--|-----------|---|
| Street Address/P.O. Box: 150 East 58th Street, 33rd Floor |  |           |   |
| City: New York  |  | State: NY | Zip Code: 10155                               |
| Web site N/A Address:                                     | Fax Number (include area code): (212) 371-8878 |           | Telephone (include area code): (212) 371-8188 |

**B. Name of Managing Company/Agency:** Alexico Regional Center Manager, LLC

|   |  |           |   |
|---|--|-----------|---|
| Street Address/P.O. Box: 150 East 58th Street, 33rd Floor |  |           |   |
| City: New York  |  | State: NY | Zip Code: 10155                               |
| Web site N/A Address:                                     | Fax Number (include area code): (212) 371-8878 |           | Telephone (include area code): (212) 371-8188 |

**C. Name of Other Agent:** Alexico Group EB-5, LLC

|   |  |           |   |
|---|--|-----------|---|
| Street Address/P.O. Box: 150 East 58th Street, 33rd Floor |  |           |   |
| City: New York  |  | State: NY | Zip Code: 10155                               |
| Web site N/A Address:                                     | Fax Number (include area code): (212) 371-8878 |           | Telephone (include area code): (212) 371-8188 |



**RCW1530253402**

RCW 1530253402

**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:<br>Nonresidential Building Construction                      |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|  |   |   |  |
| b. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesale          |   | NAICS Code for the Industry Category<br>4 2 3 2 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|  |   |   |  |
| c. Industry Category Title:<br>Professional & Commercial Equipment and Supplies Merchant |   | NAICS Code for the Industry Category<br>4 2 3 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:<br>N/A   |   | Industry Category Title:<br>N/A |  |
| Address (Street Number and Name):  | City:                                       | State:<br>NY                    | Zip Code:  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |  |
|  |   |                                 |  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? |   |                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                                  | <b>State:</b><br>NY             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>0     | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0    |                  |
| <b>(2) Business Name</b>                 |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                                  | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b>      | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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 |
| [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.)

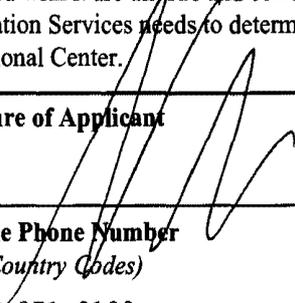
(b)(4)

| 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**.

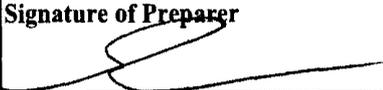
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Izak Senbahar      | <b>Date (mm/dd/yyyy)</b><br>10/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(212) 371-8188  | <b>E-Mail Address</b><br>izaksenbahar@alexicogroup.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>CEO/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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Debbie A. Klis, Esq.  | <b>Date (mm/dd/yyyy)</b><br>10/28/2015          |
| <b>Firm Name and Address</b><br>Ballard Spahr LLP<br>1909 K. Street, NW, 12TH Floor<br>Washington DC, 20006         |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 661-7661   | <b>Fax Number (Area/Country Codes)</b><br>(202) 661-2299 | <b>E-Mail Address</b><br>klisd@ballardspahr.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

5326 REC CSC15DEC23 17:03

**Part 1. Information About Principal of the Regional Center**

|   |   |   |
|---|---|---|
| Name: Last<br>Rangrej   | First<br>Rashesh                                  | Middle  |
| In Care Of: American Regional Center, LLC   |   |   |
| Street Address/P.O. Box: The "Forum" 8000 IH 10 West, Suite 600   |   |   |
| City: San Antonio   | (b)(6)  | State: TX   |
|   |   | Zip Code: 78230   |
| Date of Birth<br>(mm/dd/yyyy):  | Fax Number<br>(include area code): (210) 224-2092 | Telephone Number<br>(include area code): (210) 273-8888 |
|   |   |   |
| Web site address: www.arceb5.com  |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1116750230 / RC ID1116750230 |   |   |

**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: American Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: The "Forum" 8000 IH 10 West, Suite 600 |   |  |
| City: San Antonio   | State: TX   | Zip Code: 78230                                  |
| Web site<br>Address: www.arceb5.com                             | Fax Number<br>(include area code): (210) 224-2092 | Telephone<br>(include area code): (210) 273-8888 |

B. Name of Managing Company/Agency: American Regional Center, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: The "Forum" 8000 IH 10 West, Suite 600 |   |  |
| City: San Antonio   | State: TX   | Zip Code: 78230                                  |
| Web site<br>Address: www.arceb5.com                             | Fax Number<br>(include area code): (210) 224-2092 | Telephone<br>(include area code): (210) 273-8888 |

C. Name of Other Agent:

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State: TX                          | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1535753901**

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 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:<br>Hotels & Motels |   | NAICS Code for the Industry Category<br>7 2 1 1 1 |  |
| 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:<br>Foster Road IH 10 Limited Partnership   |   | Industry Category Title:<br>Hospitality- Hotels & Motels (NAICS 72111) |   |
| Address (Street Number and Name):<br>6111 IH 10 East   | City:<br>San Antonio                        | State:<br>TX   | Zip Code:<br>78219  |
| 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:<br>TX             | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [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.)

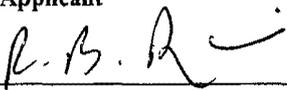
(b)(4)

| 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 compete Part 5.*

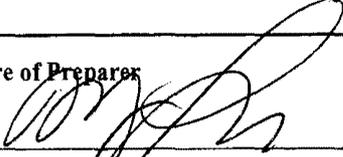
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Rashesh Rangrej | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(210) 273-8888                                       | <b>E-Mail Address</b><br>rbr@arceb5.com             |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Martin J. Lawler      | <b>Date (mm/dd/yyyy)</b><br>12-22-15            |
| <b>Firm Name and Address</b><br>Lawler & Lawler<br>1 Post Street, Suite 475<br>San Francisco, CA 94104              |  |   |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(415) 391-2010  | <b>Fax Number (Area/Country Codes)</b><br>(415) 781-6181 | <b>E-Mail Address</b><br>mlawler@aboutvisas.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/15DEC 4 10:49

5338

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>O'Neill   | First<br>Joseph                                | Middle<br>Brian                                      |
| In Care Of: AmericaNow-Philadelphia Metro Regional Center, LLC                                  |  |  |
| Street Address/P.O. Box: 2701 Renaissance Blvd., 4th Floor                                      |  |  |
| City: King of Prussia (b)(6)  | State: PA                                      | Zip Code: 19406                                      |
| Date of Birth (mm/dd/yyyy)  | Fax Number (include area code): (610) 337-5599 | Telephone Number (include area code): (610) 239-6100 |
| Web site address: <a href="http://www.americanowphilly.com">http://www.americanowphilly.com</a> |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1314051141/ID1314051141

**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:** AmericaNow-Philadelphia Metro Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 2701 Renaissance Blvd., 4th Floor                             |  |   |
| City: King of Prussia  | State: PA                                      | Zip Code: 19406                               |
| Web site <a href="http://www.americanowphilly.com">http://www.americanowphilly.com</a> | Fax Number (include area code): (610) 337-5599 | Telephone (include area code): (610) 239-6100 |

**B. Name of Managing Company/Agency:** AmericaNow-Philadelphia Metro Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 2701 Renaissance Blvd., 4th Floor                             |  |   |
| City: King of Prussia  | State: PA                                      | Zip Code: 19406                               |
| Web site <a href="http://www.americanowphilly.com">http://www.americanowphilly.com</a> | Fax Number (include area code): (610) 337-5599 | Telephone (include area code): (610) 239-6100 |

**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): |



**RCW1533853507**

**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:<br>Nonresidential Building Construction             |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|   |   |   |  |
| b. Industry Category Title:<br>Building Finishing Contractors                   |   | NAICS Code for the Industry Category<br>2 3 8 3 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|   |   |   |  |
| c. Industry Category Title:<br>Furniture & Home Furnishing Merchant Wholesalers |   | NAICS Code for the Industry Category<br>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:<br>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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b><br>N/A          |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>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:<br>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:<br>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:<br>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:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:<br>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:<br>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:<br>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:<br>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:<br>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**.

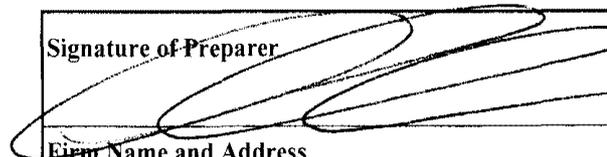
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>J. Brian O'Neill  | <b>Date (mm/dd/yyyy)</b><br>12/17/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(610) 239-6100  | <b>E-Mail Address</b><br>boneill@oneillproperties.com |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |   |
|--|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Debbie A. Klis        | <b>Date (mm/dd/yyyy)</b><br>12/11/15            |
| <b>Firm Name and Address</b><br>Ballard Spahr LLP<br>1909 K St., NW, 12Th Floor,<br>Washington D.C., 20006         |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 661-7661  | <b>Fax Number (Area/Country Codes)</b><br>(202) 661-2299 | <b>E-Mail Address</b><br>klisd@ballardspahr.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

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5326

**Part 1. Information About Principal of the Regional Center**

|                   |                         |        |
|-------------------|-------------------------|--------|
| Name: Last<br>Cui | First<br>Sonya Xianglan | Middle |
|-------------------|-------------------------|--------|

In Care Of: American Opportunities Regional Center, Inc.

Street Address/P.O. Box: 1313 Maple Street, Suite 201

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Bellingham (b)(6) | State: WA | Zip Code: 98225 |
|-------------------------|-----------|-----------------|

|                            |                                 |  |
|----------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (206) 317-3717 |
|----------------------------|---------------------------------|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1133450363 / ID1133450363

**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 Opportunities Regional Center, Inc.

|   |                                 |   |
|---|---------------------------------|---|
| Street Address/P.O. Box: 1313 Maple Street, Suite 201 |                                 |   |
| City: Bellingham                                      | State: WA                       | Zip Code: 98225                               |
| Web site Address:                                     | Fax Number (include area code): | Telephone (include area code): (206) 317-3717 |

**B. Name of Managing Company/Agency:** American Opportunities Regional Center Management LLC.

|   |                                 |   |
|---|---------------------------------|---|
| Street Address/P.O. Box: 1313 Maple Street, Suite 201 |                                 |   |
| City: Bellingham                                      | State: WA                       | Zip Code: 98225                               |
| Web site Address:                                     | Fax Number (include area code): | Telephone (include area code): (206) 317-3717 |

**C. Name of Other Agent:**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web Address:             | Fax Number (include area code): | Telephone (include area code): |

**RCW1535653831**

maginger I924A 12/22/2015

**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.

|   |   |  |                  |
|---|---|--|------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                  |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b>                |                  |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A |                  |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b>                |                  |

|  |   |  |                  |
|--|---|--|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A |                  |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                          | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b>      |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

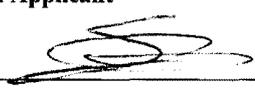
|   |  |  |                 |
|---|--|--|-----------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                 |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b>                          | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A          |                 |

**Part 3. Information About the Regional Center (Continued)**

|   |   |  |                  |
|---|---|--|------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A   |   | <b>Industry Category Title:</b><br>N/A   |                  |
| <b>Address (Street Number and Name):</b><br>N/A   | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A  | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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<br>If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                  |
| <b>Address (Street Number and Name):</b><br>N/A   | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A  | <b>Direct and Indirect Job Creation:</b><br>N/A           | <b>Jobs Maintained:</b><br>N/A           |                  |
| <b>(2) Business Name:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                  |
| <b>Address (Street Number and Name):</b><br>N/A   | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>N/A  | <b>Direct and Indirect Job Creation:</b><br>N/A           | <b>Jobs Maintained:</b><br>N/A           |                  |
| <b>e. Name of Commercial Enterprise:</b><br>N/A   |   | <b>Industry Category Title:</b>          |                  |
| <b>Address Street Number and Name:</b><br>N/A   | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A  | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Sonya Xianglan Cui  | <b>Date (mm/dd/yyyy)</b><br>12/16/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>778 885 7060  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Jauregui | First<br>Alex | Middle<br>E. |
|------------------------|---------------|--------------|

In Care Of:

Street Address/P.O. Box: 48 Ranger Court

|             |        |           |                 |
|-------------|--------|-----------|-----------------|
| City: Alamo | (b)(6) | State: CA | Zip Code: 94507 |
|-------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (925) 362-8590 | Telephone Number<br>(include area code): (925) 362-8593 |
|-------------------------------|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1307251106

**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 International Venture Fund - Oregon LLC

Street Address/P.O. Box: 2336 Table Rock Road

|               |           |                 |
|---------------|-----------|-----------------|
| City: Medford | State: OR | Zip Code: 97501 |
|---------------|-----------|-----------------|

|  |   |  |
|--|---|--|
| Web site http://home.comcast.<br>Address: net/~aivfincor/site/ | Fax Number<br>(include area code): (541) 724-6248 | Telephone<br>(include area code): (541) 724-6248 |
|--|---|--|

**B. Name of Managing Company/Agency:** Alex Jauregui DBA Liberty Investment & Development

Street Address/P.O. Box: 48 Ranger Court

|             |           |                 |
|-------------|-----------|-----------------|
| City: Alamo | State: CA | Zip Code: 94507 |
|-------------|-----------|-----------------|

|   |   |  |
|---|---|--|
| Web site Websites being updated<br>Address: - Online again soon | Fax Number<br>(include area code): (541) 772-6248 | Telephone<br>(include area code): (541) 772-6248 |
|---|---|--|

**C. Name of Other Agent:** Luis Jauregui

Street Address/P.O. Box: 2336 Table Rock Road

|               |           |                 |
|---------------|-----------|-----------------|
| City: Medford | State: OR | Zip Code: 97501 |
|---------------|-----------|-----------------|

|          |   |  |
|----------|---|--|
| Web site | Fax Number<br>(include area code): (541) 772-6248 | Telephone<br>(include area code): (541) 772-6248 |
|----------|---|--|



RCW1536454062

REC'D CSC 15DEC29 17:24

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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:<br>Healthcare,              |   | NAICS Code for the Industry Category<br>6 2 3 3 1 1 |  |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |
| b. Industry Category Title:<br>Recreation & Hospitality |   | NAICS Code for the Industry Category<br>7 2 1 1 1 0 |  |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |
| c. Industry Category Title:<br>Manufacturing            |   | NAICS Code for the Industry Category<br>3 1 2 1 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:<br>Fern Gardens Healthcare Fund 2, LP  |   | Industry Category Title:<br>Healthcare |   |
| Address (Street Number and Name):<br>2336 1/2 Table Rock Road  | City:<br>Medford                            | State:<br>CA                           | Zip Code:<br>97501  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:             |   |
|  |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Fern Gardens Real Property Group 2, LLC |   | <b>Industry Category Title:</b><br>Healthcare |                           |
| <b>Address (Street Number and Name):</b><br>2636 Table Rock Road     | <b>City:</b><br>Medford                       | <b>State:</b><br>OR                           | <b>Zip Code:</b><br>97501 |
| <b>EB-5 Capital Investment:</b>                                      | <b>Direct and Indirect Job Creation:</b>      | <b>Jobs Maintained:</b>                       |                           |
|  |   |   |                           |
| <b>(2) Business Name</b>   |   | <b>Industry Category Title:</b><br>Healthcare |                           |
| <b>Address (Street Number and Name):</b>                             | <b>City:</b>                                  | <b>State:</b><br>OR                           | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b><br>0                                 | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0                  |                           |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Fern Gardens Healthcare Fund 5 LP |  | <b>Industry Category Title:</b><br>Healthcare |                           |
| <b>Address (Street Number and Name):</b><br>2336 Table Rock Road              | <b>City:</b><br>Medford                            | <b>State:</b><br>OR                           | <b>Zip Code:</b><br>97501 |
| <b>Aggregate EB-5 Capital Investment:</b>                                     | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>             |                           |
|   |  |   |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>SereneLife-FernGardens Real Property Grp5 |   | <b>Industry Category Title:</b><br>Healthcare |                           |
| <b>Address (Street Number and Name):</b><br>2636 Table Rock Road       | <b>City:</b><br>Medford                 | <b>State:</b><br>OR                           | <b>Zip Code:</b><br>97501 |
| <b>EB-5 Capital Investment</b>   | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                        |                           |
|  |   |   |                           |

**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 |
| (b)(4)                                 |        |         |

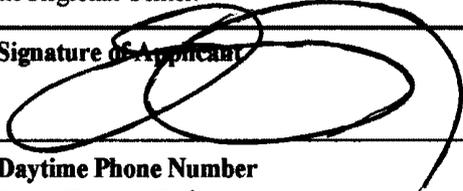
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Alex E. Jauregui | <b>Date (mm/dd/yyyy)</b><br>12/15/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(650) 291-6947   | <b>E-Mail Address</b><br>producerii@sbcglobal.net    |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>MENG | First<br>Xianjun | Middle |
|--------------------|------------------|--------|

In Care Of: American Northern Marianas Regional Center, LLC

Street Address/P.O. Box: 800 San Jose Street

|              |           |                 |
|--------------|-----------|-----------------|
| City: Tinian | State: MP | Zip Code: 96952 |
|--------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; padding: 2px;">(b)(6)</span> | Fax Number (include area code): (670) 433-4329 | Telephone Number (include area code): (670) 233-3664 |
|--|--|--|

Web site address: n/a

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1226950769/ID1226950769

**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 Northern Marianas Regional Center, LLC

Street Address/P.O. Box: 800 San Jose Street

|                          |  |   |
|--------------------------|--|---|
| City: Tinian             | State: MP                                      | Zip Code: 96952                               |
| Web site n/a<br>Address: | Fax Number (include area code): (670) 433-4329 | Telephone (include area code): (670) 233-3664 |

**B. Name of Managing Company/Agency:** American Northern Marianas Regional Center, LLC

Street Address/P.O. Box: 800 San Jose Street

|                          |  |   |
|--------------------------|--|---|
| City: Tinian             | State: MP                                      | Zip Code: 96952                               |
| Web site n/a<br>Address: | Fax Number (include area code): (670) 433-4329 | Telephone (include area code): (670) 233-3664 |

**C. Name of Other Agent:** Silvia Siu

Street Address/P.O. Box: 800 San Jose Street

|                          |  |   |
|--------------------------|--|---|
| City: Tinian             | State: MP                                      | Zip Code: 96952                               |
| Web site n/a<br>Address: | Fax Number (include area code): (670) 433-4329 | Telephone (include area code): (670) 233-3664 |



**RCW1535653837**

egarcia2 1924A 12/22/2015

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REC'D USCIS/EO2 2/26

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| b. Industry Category Title:<br>Architectural, Engineering, and Related Services   |   | NAICS Code for the Industry Category<br>5 4 1 3 0 0 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| c. Industry Category Title:<br>All other specialty trade contractors              |   | NAICS Code for the Industry Category<br>2 3 8 9 9 0 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |

(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:<br>American Northern Marianas Econ. Dev. Fund  |   | Industry Category Title:<br>Real Estate and Construction Lending |   |
| Address (Street Number and Name):<br>800 San Jose St., Ste 100   | City:<br>Tinian                             | State:<br>MP   | Zip Code:<br>96952  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                       |   |
| [Redacted]   |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Bridge Investment Group, LLC  |  | <b>Industry Category Title:</b><br>Commercial Building and Construction |                           |
| <b>Address (Street Number and Name):</b><br>PO Box 800   | <b>City:</b><br>Tinian                   | <b>State:</b><br>MP   | <b>Zip Code:</b><br>96952 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
| <div style="border: 1px solid black; width: 100%; height: 20px; background-color: black;"></div> |  |   |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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 |
| (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**.

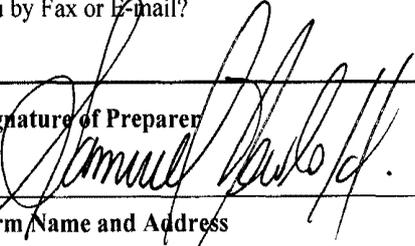
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Meng Xianjung | <b>Date (mm/dd/yyyy)</b><br>12.18.2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(670) 233-3664  | <b>E-Mail Address</b><br>mengxj@vip.sina.com      |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Samuel D. Newbold, Esq. | <b>Date (mm/dd/yyyy)</b><br>12/18/2015       |
| <b>Firm Name and Address</b><br>Barst Mukamal & Kleiner LLP<br>2 Park Avenue, 19th Floor<br>New York, NY 10016      |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(212) 686-3838   | <b>Fax Number (Area/Country Codes)</b><br>(212) 481-9362   | <b>E-Mail Address</b><br>snewbold@bmkllp.com |

**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<br>Patel | First<br>Sanat | Middle<br>B. |
|---------------------|----------------|--------------|

In Care Of:

Street Address/P.O. Box: 7942 West Bell Road, Suite C5-482

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: Glendale (b)(6) | State: AZ | Zip Code: 85308 |
|-----------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (623) 321-9496 | Telephone Number (include area code): (877) 688-9496 |
|-----------------------------|--|--|

Web site address: www.yiyo.net

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1217250693 / RCW 12 172 50693

**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: American YiYo Regional Center

Street Address/P.O. Box: 7942 West Bell Road, Suite C5-482

|                                |  |   |
|--------------------------------|--|---|
| City: Glendale                 | State: AZ                                      | Zip Code: 85308                               |
| Web site Address: www.yiyo.net | Fax Number (include area code): (623) 321-9496 | Telephone (include area code): (877) 688-9496 |

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): |



**RCW1534253527**

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<br>N/A | Aggregate Direct and Indirect Job Creation<br>N/A | Aggregate Jobs Maintained<br>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:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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 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.)

(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)

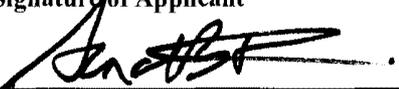
| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| [Redacted]                             |        |         |

**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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Sanat B. Patel | <b>Date (mm/dd/yyyy)</b><br>12/03/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>8776889496  | <b>E-Mail Address</b><br>sanat@yiyo.net            |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |



Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/505014 28/2/15 8338

**Part 1. Information About Principal of the Regional Center**

|                     |                    |                     |
|---------------------|--------------------|---------------------|
| Name: Last<br>Chang | First<br>Xiao Ping | Middle<br>Christina |
|---------------------|--------------------|---------------------|

In Care Of: C/O American Regional Center Opportunity Fund, LLC

Street Address/P.O. Box: 39-01 Main Street Suite 501

|                |        |           |                 |
|----------------|--------|-----------|-----------------|
| City: Flushing | (b)(6) | State: NY | Zip Code: 11354 |
|----------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (718) 762-0631 | Telephone Number<br>(include area code): (718) 709-8015 |
|-------------------------------|---|---|

Web site address: www.arcofunds.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1421151833

**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 Regional Center Opportunity Fund LLC

Street Address/P.O. Box: 39-01 Main Street Suite 501

|  |   |  |
|--|---|--|
| City: Flushing                         | State: NY   | Zip Code: 11354                                  |
| Web site<br>Address: www.arcofunds.com | Fax Number<br>(include area code): (718) 762-0631 | Telephone<br>(include area code): (718) 709-8015 |

**B. Name of Managing Company/Agency:** Member: WFC Advisors, LLC

Street Address/P.O. Box: c/o 4611 Westminster Rd

|                      |   |  |
|----------------------|---|--|
| City: Great Neck     | State: NY   | Zip Code: 11020                                  |
| Web site<br>Address: | Fax Number<br>(include area code): (718) 762-0631 | Telephone<br>(include area code): (718) 709-8015 |

**C. Name of Other Agent:** Member: Cathy I Chi Huang

Street Address/P.O. Box: 502 Grahman Avenue

|                      |                                    |  |
|----------------------|------------------------------------|--|
| City: Brooklyn       | State: NY                          | Zip Code: 11222                                  |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): (646) 245-1033 |



**RCW1534853638**

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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)

|  |   |  |  |
|--|---|--|--|
| <b>a. Industry Category Title:</b><br>Residential Construction of Building             |   | <b>NAICS Code for the Industry Category</b><br>2 3 6 1 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |  |
| [Redacted]   |   |  |  |
| <b>b. Industry Category Title:</b><br>Nonresidential Construction                      |   | <b>NAICS Code for the Industry Category</b><br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |  |
| [Redacted]   |   |  |  |
| <b>c. Industry Category Title:</b><br>Architectural, Engineering, and Related Services |   | <b>NAICS Code for the Industry Category</b><br>5 4 1 3 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |  |
| [Redacted]   |   |  |  |

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)

|  |   |   |                    |
|--|---|---|--------------------|
| <b>a. Name of Commercial Enterprise:</b><br>3005 Vernon Blvd Opportunity Fund, L.P.  |   | <b>Industry Category Title:</b><br>Residential Construction of Building |                    |
| Address (Street Number and Name):<br>39-01 Main Street Suite 501   | City:<br>Flushing                           | State:<br>NY  | Zip Code:<br>11354 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |                    |
| [Redacted]   |   |   |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>3005 Vernon Blvd Joint Venture LLC           |  | <b>Industry Category Title:</b><br>Residential Construction of Buidling |                           |
| <b>Address (Street Number and Name):</b><br>c/o 39-01 Main Street Ste 501 | <b>City:</b><br>Flushing                 | <b>State:</b><br>NY   | <b>Zip Code:</b><br>11354 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
|   |  |   |                           |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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 |
| (b)(4)                                 |        |         |

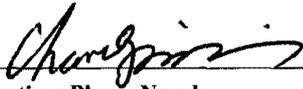
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Xiao Ping Christina Chang   | <b>Date (mm/dd/yyyy)</b><br>12/10/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(718) 709-8015  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>LIEBMAN | First<br>HENRY | Middle<br>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<br>(mm/dd/yyyy): | Fax Number<br>(include area code): (206) 631-2166 | Telephone Number<br>(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:** AMERICAN LIFE VENTURES, LLC (ALV-TACOMA)

Street Address/P.O. Box: 270 S. HANFORD ST., STE 100

|                                     |   |  |
|-------------------------------------|---|--|
| City: SEATTLE                       | State: WA   | Zip Code: 98134                                  |
| Web site WWW. AMLIFE.US<br>Address: | Fax Number<br>(include area code): (206) 631-2166 | Telephone<br>(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<br>Address: | Fax Number<br>(include area code): (206) 631-2166 | Telephone<br>(include area code): (206) 381-1690 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1535553758**

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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 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:<br>NO ACTIVITIES FY ENDING 2015 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                                 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                                 |   | NAICS Code for the Industry Category<br>_____ |
| 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 |
|  |        |         |

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.)

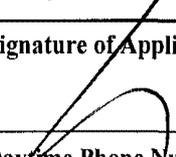
(b)(4)

| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| <input type="checkbox"/>               |        |         |

**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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>                               | <b>Printed Name of Applicant</b><br>HENRY LIEBMAN  | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 381-1690  | <b>E-Mail Address</b><br>HENRY@AMERICANLIFEINC.COM |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>LATOUR   | First<br>JOSE                                     | Middle<br>E.  |
| In Care Of:  |   |   |
| Street Address/P.O. Box: 4500 BISCAYNE BLVD. PHN   |   |   |
| City: MIAMI<br>(b)(6)  | State: FL   | Zip Code: 33137   |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (305) 675-6195 | Telephone Number<br>(include area code): (786) 866-9775 |
| Web site address: WWW.AMERICANVENTURESOLUTIONS.COM   |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW120-605-0602 |   |   |

**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:** AMERICAN VENTURE SOLUTIONS REGIONAL CENTER, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 4500 BISCAYNE BLVD. PHN |  |   |
| City: MIAMI                                      | State: FL                                      | Zip Code: 33137                               |
| Web site Address: AMERICANVENTURESOLUTIONS.COM   | Fax Number (include area code): (305) 675-6195 | Telephone (include area code): (786) 866-9775 |

**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): |



RCW1600654191

FORM I-924A (03/18/15)

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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:<br>SEE EXHIBIT 2 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:           | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                  |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:           | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                  |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>LAKE POINT ECO VENTURES PHASE 1, LP   |   | Industry Category Title:<br>SEE EXHIBIT 2 |                    |
| Address (Street Number and Name):<br>4500 BISCAYNE BLVD, PHN   | City:<br>MIAMI                              | State:<br>FL                              | Zip Code:<br>33137 |
| 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)

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(1) Business Name:</b><br>LAKE POINT HOLDINGS, LLC           |  | <b>Industry Category Title:</b><br>SEE EXHIBIT 2 |                           |
| <b>Address (Street Number and Name):</b><br>25818 SW KANNER HWY | <b>City:</b><br>CANAL POINT              | <b>State:</b><br>FL                              | <b>Zip Code:</b><br>33438 |
| <b>EB-5 Capital Investment:</b>                                 | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                          |                           |
|   |  |  |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                  |                           |
| <b>Address (Street Number and Name):</b>                        | <b>City:</b>                             | <b>State:</b>                                    | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                 | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                          |                           |

(b)(4)

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>LAKE POINT CAPITAL PARTNERS, LP |  | <b>Industry Category Title:</b><br>SEE EXHIBIT 2 |                           |
| <b>Address (Street Number and Name):</b><br>4500 BISCAYNE BLVD. PHN         | <b>City:</b><br>MIAMI                              | <b>State:</b><br>FL                              | <b>Zip Code:</b><br>33137 |
| <b>Aggregate EB-5 Capital Investment:</b>                                   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                |                           |
|   |  |  |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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)

|   |   |  |                           |
|---|---|--|---------------------------|
| <b>(1) Business Name:</b><br>LAKE POINT HOLDINGS, LLC           |   | <b>Industry Category Title:</b><br>SEE EXHIBIT 2 |                           |
| <b>Address (Street Number and Name):</b><br>25818 SW KANNER HWY | <b>City:</b><br>CANAL POINT             | <b>State:</b><br>FL                              | <b>Zip Code:</b><br>33438 |
| <b>EB-5 Capital Investment</b>                                  | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                           |                           |
|   |   |  |                           |

**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:   |           |
| LAKE POINT LOGISTICS PHASE 1, LP   |   | HEAVY TRUCKING             |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 4500 BISCAYNE BLVD, PHN            | MIAMI                                       | FL                         | 33137     |
| 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: |           |
| SOUTHERN AGGREGATE TRANSPORT SERVICES, LLC |                                   | HEAVY TRUCKING           |           |
| Address (Street Number and Name):          | City:                             | State:                   | Zip Code: |
| 12012 SOUTH SHORE BLVD. #107               | WELLINGTON                        | FL                       | 33414     |
| 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:  |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

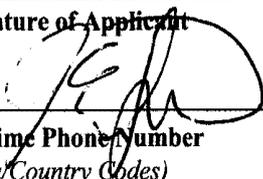
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>JOSE E. LATOUR, ESQ. | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(786) 866-9775  | <b>E-Mail Address</b><br>JLATOUR@LATOURLAW.COM           |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Chen | First<br>Wilson | Middle |
|--------------------|-----------------|--------|

In Care Of:

Street Address/P.O. Box: 5 Thomas Mellon Circle, Suite 305

|                     |        |           |                 |
|---------------------|--------|-----------|-----------------|
| City: San Francisco | (b)(6) | State: CA | Zip Code: 94134 |
|---------------------|--------|-----------|-----------------|

|                                |   |   |
|--------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): (415) 814-0849 | Telephone Number<br>(include area code): (415) 692-1502 |
|--------------------------------|---|---|

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1031910078 / RC ID 1031910078

**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: APIC Regional Center, LLC

|  |   |  |  |
|--|---|--|--|
| Street Address/P.O. Box: 5 Thomas Mellon Circle, Suite 305 |   |  |  |
| City: San Francisco  | State: CA   | Zip Code: 94134                                  |  |
| Web site ApicRC.com<br>Address:                            | Fax Number<br>(include area code): (415) 814-0849 | Telephone<br>(include area code): (415) 692-1502 |  |

B. Name of Managing Company/Agency: APIC Regional Center, LLC

|  |   |  |  |
|--|---|--|--|
| Street Address/P.O. Box: 5 Thomas Mellon Circle, Suite 305 |   |  |  |
| City: San Francisco  | State: CA   | Zip Code: 94134                                  |  |
| Web site None<br>Address:                                  | Fax Number<br>(include area code): (415) 814-0849 | Telephone<br>(include area code): (415) 692-1502 |  |

C. Name of Other Agent: Wilson Chen

|  |   |  |  |
|--|---|--|--|
| Street Address/P.O. Box: 5 Thomas Mellon Circle, Suite 305 |   |  |  |
| City: San Francisco  | State: CA   | Zip Code: 94134                                  |  |
| Web site None<br>Address:                                  | Fax Number<br>(include area code): (415) 814-0849 | Telephone<br>(include area code): (415) 692-1502 |  |

REC'D USCIS/EO/24 2015 5338



**RCW1536253954**

egarcia2 I924A 12/24/2015

(b)(4)

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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:<br>Commercial and Institutional Building Construction |  | NAICS Code for the Industry Category<br>2 3 6 2 2 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation:      | Aggregate Jobs Maintained:                        |
| [Redacted]  |  |   |
| b. Industry Category Title:<br>Hotels (except Casino Hotels) and Motels           |  | NAICS Code for the Industry Category<br>7 2 1 1 1 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation:      | Aggregate Jobs Maintained:                        |
| [Redacted]  |  |   |
| c. Industry Category Title:<br>N/A  |  | NAICS Code for the Industry Category<br>-----     |
| (b)(4)  |  |   |
| Aggregate EB-5 Capital Investment:<br>0   | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                   |

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:<br>N/A  |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                     | State:<br>OR                    | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>0   | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                           | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>0            | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0           |                         |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                           | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>0            | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0           |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                                     | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>0  | <b>Aggregate Direct and Indirect Job Creation:</b><br>0 | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                        |
|---|--|--|------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                        |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                          | <b>State:</b>                          | <b>Zip Code</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>0             | <b>Direct and Indirect Job Creation</b><br>0 | <b>Jobs Maintained</b><br>0            |                        |

**Part 3. Information About the Regional Center (Continued)**

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                           | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>0            | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0           |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                                     | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>0  | <b>Aggregate Direct and Indirect Job Creation:</b><br>0 | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                           | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>0            | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0           |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                           | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>0            | <b>Direct and Indirect Job Creation:</b><br>0 | <b>Jobs Maintained:</b><br>0           |                         |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| d. Name of Commercial Enterprise:<br>N/A |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                                     | State:                          | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>0  | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>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:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                           | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>0            | Direct and Indirect Job Creation:<br>0 | Jobs Maintained:<br>0           |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                           | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>0            | Direct and Indirect Job Creation:<br>0 | Jobs Maintained:<br>0           |                  |

|   |  |                                 |                  |
|---|--|---------------------------------|------------------|
| e. Name of Commercial Enterprise:<br>N/A  |  | Industry Category Title:<br>N/A |                  |
| Address Street Number and Name:<br>N/A  | City:<br>N/A                                     | State:                          | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>0   | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>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:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                           | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>0            | Direct and Indirect Job Creation:<br>0 | Jobs Maintained:<br>0           |                  |
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                           | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>0            | Direct and Indirect Job Creation:<br>0 | Jobs Maintained:<br>0           |                  |

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.*

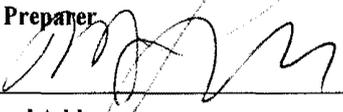
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Wilson Chen | <b>Date (mm/dd/yyyy)</b><br>12-22-15 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(415) 692-1502                                       | <b>E-Mail Address</b><br>wchen@apicincus.com    |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President 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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Martin Lawler         | <b>Date (mm/dd/yyyy)</b><br>12-23-15            |
| <b>Firm Name and Address</b><br>Lawler and Lawler<br>1 Post Street, Suite 475<br>San Francisco, CA 94104            |  |   |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(415) 391-2010  | <b>Fax Number (Area/Country Codes)</b><br>(415) 781-6181 | <b>E-Mail Address</b><br>MLawler@aboutvisas.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/ISCT 2 14:58  
030056

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>Yang  | First<br>Luna                                  | Middle   |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 3295 River Exchange Dr, Suite 135  |  |  |
| City: Norcross (b)(6)   | State: GA                                      | Zip Code: 30092                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> | Fax Number (include area code): (678) 261-1836 | Telephone Number (include area code): (678) 602-8932 |
| Web site address: www.aiicrc.com  |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034350097 / RCID 1034350097

**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 Investment and Immigration Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3295 River Exchange Dr, Suite 135 |  |   |
| City: Norcross   | State: GA                                      | Zip Code: 30092                               |
| Web site Address: www.aiicrc.com                           | Fax Number (include area code): (678) 261-1836 | Telephone (include area code): (678) 602-8932 |

**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): |



**RCW1528053360**

egarcia2 I924A 10/02/2015



**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.

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>(1) Business Name:</b><br>International Investment & Development LLC |  | <b>Industry Category Title:</b><br>Construction of Building |                           |
| <b>Address (Street Number and Name):</b><br>3295 River Exchange Dr, 120 | <b>City:</b><br>Norcross                 | <b>State:</b><br>GA   | <b>Zip Code:</b><br>30092 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                     |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                             |                           |
| <b>Address (Street Number and Name):</b>                                | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                     |                           |

(b)(4)

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>c. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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 |
| [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.)

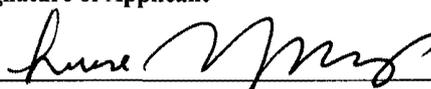
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Luna Yang  | <b>Date (mm/dd/yyyy)</b><br>09/30/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(678) 602-8932  | <b>E-Mail Address</b><br> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/15DEC22 22:17  
5326

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>GUO   | First<br>HUA                                   | Middle   |
| In Care Of: American Everglow Regional Center, LLC              |  |  |
| Street Address/P.O. Box: 3626 West Devonshire Avenue, Suite 907 |  |  |
| City: Hemet   | (b)(6)   | State: CA  |
|   |  | Zip Code: 92545                                      |
| Date of Birth (mm/dd/yyyy)                                      | Fax Number (include area code): (951) 791-0900 | Telephone Number (include area code): (626) 203-3300 |
|   |  |  |
| Web site address: www.americaneverglowrc.com                    |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1332651296 / RC ID 1332651296

**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 Everglow Regional Center, LLC

---

Street Address/P.O. Box: 3626 West Devonshire Avenue, Suite 907

|   |  |   |
|---|--|---|
| City: Hemet   | State: CA                                      | Zip Code: 92545                               |
| Web site <sup>www.</sup><br>Address: americaneverglowrc.com | Fax Number (include area code): (951) 791-0900 | Telephone (include area code): (951) 791-0800 |

**B. Name of Managing Company/Agency:** N/A

---

Street Address/P.O. Box:

|                      |                                 |                                |
|----------------------|---------------------------------|--------------------------------|
| City:                | State:                          | Zip Code:                      |
| Web site<br>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<br>Address: | Fax Number (include area code): | Telephone (include area code): |



**RCW1535753845**

**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:<br>Nonresidential Building Construction |  | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation:      | Aggregate Jobs Maintained:                      |
|   |  |   |
| b. Industry Category Title:<br>Restaurants and Other Eating Places  |  | NAICS Code for the Industry Category<br>7 2 2 5 |
| Aggregate EB-5 Capital Investment:<br>\$0                           | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>N/A               |
| c. Industry Category Title:<br>Continue on Pages 8,9,10 and 11      |  | NAICS Code for the Industry Category<br>_____   |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation:<br>0 | 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:<br>Legend International Investment, LP   |   | Industry Category Title:   |   |
| Address (Street Number and Name):<br>6240 Mission Boulevard  | City:<br>Riverside                          | State:<br>CA               | Zip Code:<br>92509  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |   |
|  |   |                            |   |
| Does this EB-5 commercial 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:  |   | Industry Category Title:   |           |
| University Campus Hotel Fund, L.P. |   |                            |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 17700 Castleton St. Suite 469      | City of Industry                            | CA                         | 91748     |
| 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:<br>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:<br>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:<br>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**.

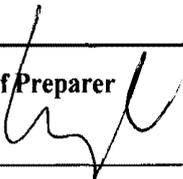
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>HUA GUO  | <b>Date (mm/dd/yyyy)</b><br>12/03/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 203-3300  | <b>E-Mail Address</b><br>prime0108@gmail.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Linda Lau             | <b>Date (mm/dd/yyyy)</b><br>12/18/2015            |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro St., Suite #1<br>South Pasadena, CA 91030         |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>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<br>Liebman                                | First<br>Henry                                    | Middle<br>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<br>(mm/dd/yyyy):                       | Fax Number<br>(include area code): (206) 631-2166 | Telephone Number<br>(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) W09001080

**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 Life Investments, LLC

|  |                                    |  |
|--|------------------------------------|--|
| Street Address/P.O. Box: 11900 Biscayne Boulevard, Suite 700 |                                    |  |
| City: Miami  | State: FL                          | Zip Code: 33181                                  |
| Web site<br>Address:   | Fax Number<br>(include area code): | Telephone<br>(include area code): (305) 455-3217 |

**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<br>Address: www.amlife.us                   | Fax Number<br>(include area code): (206) 631-2166 | Telephone<br>(include area code): (206) 381-1690 |

**C. Name of Other Agent:** Invest in South Florida, LLC

|  |                                    |                                   |
|--|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: 11900 Biscayne Boulevard, Suite 700 |                                    |                                   |
| City: Miami  | State: FL                          | Zip Code: 33181                   |
| Web site<br>Address:   | Fax Number<br>(include area code): | Telephone<br>(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:<br>Loans to Job Creating Entities |   | NAICS Code for the Industry Category<br>5 2 2 2 9 1 |
| 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<br>-----       |
| Aggregate EB-5 Capital Investment:                            | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:                                   |   | NAICS Code for the Industry Category<br>-----       |
| 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:<br>Tap 42 EB-5 Funding, LLC  |   | Industry Category Title:<br>Loans to Job Creating Entities |                    |
| Address (Street Number and Name):<br>11900 Biscayne Blvd, Ste 700  | City:<br>Miami                              | State:<br>FL   | Zip Code:<br>33181 |
| 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:<br>TapCo Restaurant Group, LLC      |  | Industry Category Title:<br>Full Service Restaurant |                    |
| Address (Street Number and Name):<br>212 Bal Bay Drive | City:<br>Bal Harbor                                | State:<br>FL  | Zip Code:<br>33154 |
| EB-5 Capital Investment:<br><b>(b)(4)</b>              | Direct and Indirect Job Creation:<br><b>(b)(4)</b> | Jobs Maintained:<br><b>(b)(4)</b>                   |                    |
| (2) Business 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:<br>Tap 42 EB-5 Funding II, LLC  |  | Industry Category Title:<br>Loans to Job Creating Entities |                    |
| Address (Street Number and Name):<br>11900 Biscayne Blvd, Ste 700 | City:<br>Miami   | State:<br>FL   | Zip Code:<br>33181 |
| Aggregate EB-5 Capital Investment:<br><b>(b)(4)</b>               | Aggregate Direct and Indirect Job Creation:<br><b>(b)(4)</b> | Aggregate Jobs Maintained:<br><b>(b)(4)</b>                |                    |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |   |   |                    |
|--|---|---|--------------------|
| (1) Business Name:<br>TapCo Restaurant Group, LLC      |   | Industry Category Title:<br>Full Service Restaurant |                    |
| Address (Street Number and Name):<br>212 Bal Bay Drive | City:<br>Bal Harbor                               | State:<br>FL  | Zip Code:<br>33154 |
| EB-5 Capital Investment<br><b>(b)(4)</b>               | Direct and Indirect Job Creation<br><b>(b)(4)</b> | Jobs Maintained<br><b>(b)(4)</b>                    |                    |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |  |        |         |

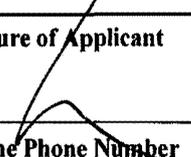
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

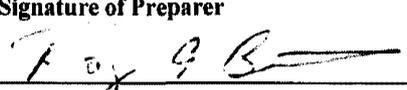
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>                               | <b>Printed Name of Applicant</b><br>HENRY LIEBMAN  | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 381-1690  | <b>E-Mail Address</b><br>HENRY@AMERICANLIFEINC.COM |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |   |  |
|--|---|--|
| <b>Signature of Preparer</b><br>    | <b>Printed Name of Preparer</b><br>ROGER A. BERNSTEIN | <b>Date (mm/dd/yyyy)</b><br>12/16/2015           |
| <b>Firm Name and Address</b><br>INVEST IN SOUTH FLORIDA, LLC<br>11900 BISCAYNE BOULEVARD, SUITE 700<br>MIAMI, FL 33181 |   |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(305) 895-0300  | <b>Fax Number (Area/Country Codes)</b>                | <b>E-Mail Address</b><br>ROGER@INVESTINSOFLA.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<br>GUO | First<br>Lily | Middle |
|-------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: 136-18 39th Ave, Suite 705

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: Flushing<br>(b)(6) | State: NY | Zip Code: 11354 |
|--------------------------|-----------|-----------------|

|   |   |   |
|---|---|---|
| Date of Birth<br>(mm/dd/yyyy): [Redacted] | Fax Number<br>(include area code): (718) 732-2391 | Telephone Number<br>(include area code): (718) 878-3378 |
|---|---|---|

Web site address: <http://www.arcfe.com>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1205250597

**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:** American Regional Center for Entrepreneurs

Street Address/P.O. Box: 136-18 39th Ave, Suite 705

|   |   |  |
|---|---|--|
| City: Flushing  | State: NY   | Zip Code: 11354                                  |
| Web site Address: <a href="http://www.arcfe.com">http://www.arcfe.com</a> | Fax Number<br>(include area code): (718) 732-2391 | Telephone<br>(include area code): (718) 878-3378 |

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

|                   |                                    |                                   |
|-------------------|------------------------------------|-----------------------------------|
| City:             | State:                             | Zip Code:                         |
| Web site Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                   |                                    |                                   |
|-------------------|------------------------------------|-----------------------------------|
| City:             | State:                             | Zip Code:                         |
| Web site Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1532853472**

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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:<br>Building Construction |   | NAICS Code for the Industry Category<br>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:<br>Architect & Engineering Svcs |   | NAICS Code for the Industry Category<br>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:<br>Others |   | NAICS Code for the Industry Category<br>----- |
| 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:<br>ARCFE Group One, LLC  |   | Industry Category Title:<br>Construction funding |                    |
| Address (Street Number and Name):<br>136-18 39th Ave, Suite 705  | City:<br>Flushing                           | State:<br>NY                                     | Zip Code:<br>11354 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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.

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>(1) Business Name:</b><br>70-32 Queens Boulevard, LLC           |  | <b>Industry Category Title:</b><br>Real Estate Development |                           |
| <b>Address (Street Number and Name):</b><br>70-32 Queens Boulevard | <b>City:</b><br>Woodside                 | <b>State:</b><br>NY  | <b>Zip Code:</b><br>11377 |
| <b>EB-5 Capital Investment:</b>                                    | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                    |                           |
|  |  |  |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>                            |                           |
| <b>Address (Street Number and Name):</b>                           | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
|  |  |  |                           |
| <b>EB-5 Capital Investment:</b>                                    | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                    |                           |

(b)(4)

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>ARCFE Group 2, LLC         |  | <b>Industry Category Title:</b><br>Construction Funding |                           |
| <b>Address (Street Number and Name):</b><br>136-18 39th Ave, Suite 705 | <b>City:</b><br>Flushing                           | <b>State:</b><br>NY                                     | <b>Zip Code:</b><br>11354 |
| <b>Aggregate EB-5 Capital Investment:</b>                              | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                       |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Roosevelt 136-68 LLC                |   | <b>Industry Category Title:</b><br>Real Estate Development |                           |
| <b>Address (Street Number and Name):</b><br>136-68 Roosevelt Ave | <b>City:</b><br>Flushing                | <b>State:</b><br>NY  | <b>Zip Code:</b><br>11354 |
| <b>EB-5 Capital Investment</b>                                   | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                                     |                           |
|  |   |  |                           |

(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:<br>ARCFE Group 3, LLC         |   | Industry Category Title:<br>Construction Funding |                    |
| Address (Street Number and Name):<br>136-18 39th Ave, Suite 705 | City:<br>Flushing                           | State:<br>NY                                     | Zip Code:<br>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:<br>Golden 8th Ave Realty Corp  |                                   | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>5515 8th Ave | City:<br>Brooklyn                 | State:<br>NY  | Zip Code:<br>11220 |
| 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)**

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>ARCFE Group A, LLC         |  | <b>Industry Category Title:</b><br>Construction Funding |                           |
| <b>Address (Street Number and Name):</b><br>136-18 39th Ave, Suite 705 | <b>City:</b><br>Flushing                           | <b>State:</b><br>NY                                     | <b>Zip Code:</b><br>11354 |
| <b>Aggregate EB-5 Capital Investment:</b>                              | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                       |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Murray Park South LLC                      |  | <b>Industry Category Title:</b><br>Real Estate Development |                           |
| <b>Address (Street Number and Name):</b><br>35-06 Leavitt Street, #CF-A | <b>City:</b><br>Flushing                 | <b>State:</b><br>NY  | <b>Zip Code:</b><br>11354 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>0                               |                           |

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(2) Business Name:</b><br>Murray Park North LLC  |  | <b>Industry Category Title:</b><br>Real Estate Development |                           |
| <b>Address (Street Number and Name):</b><br>35-06 Leavitt Street, #CF-A                                     | <b>City:</b><br>Flushing                 | <b>State:</b><br>NY  | <b>Zip Code:</b><br>11354 |
| <b>EB-5 Capital Investment:</b><br><div style="border: 1px solid black; width: 100px; height: 15px;"></div> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                    |                           |

(b)(4)

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>ARCFE Group 4, LLC       |  | <b>Industry Category Title:</b><br>Construction Funding |                           |
| <b>Address Street Number and Name:</b><br>136-18 39th Ave, Suite 705 | <b>City:</b><br>Flushing                           | <b>State:</b><br>NY                                     | <b>Zip Code:</b><br>11354 |
| <b>Aggregate EB-5 Capital Investment:</b>                            | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                       |                           |

Does this EB-5 commercial enterprise 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.

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(1) Business Name:</b><br>Dutch Kills Associates, LLC          |  | <b>Industry Category Title:</b><br>Real Estate Development |                           |
| <b>Address (Street Number and Name):</b><br>425 Northern Blvd, #6 | <b>City:</b><br>Great Neck               | <b>State:</b><br>NY  | <b>Zip Code:</b><br>11021 |
| <b>EB-5 Capital Investment:</b>                                   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                    |                           |
| <b>(2) Business Name:</b><br>27-51 Jackson Ave, LLC               |  | <b>Industry Category Title:</b><br>Real Estate Development |                           |
| <b>Address (Street Number and Name):</b><br>9 Kensington Circle   | <b>City:</b><br>Manhasseet               | <b>State:</b><br>NY  | <b>Zip Code:</b><br>11030 |
| <b>EB-5 Capital Investment:</b>                                   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                    |                           |
| (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 |
| (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.*

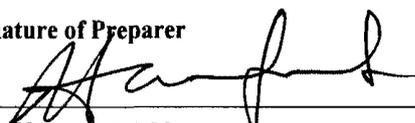
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Lily Guo | <b>Date (mm/dd/yyyy)</b><br>11/19/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>718-878-3378   | <b>E-Mail Address</b><br>lily.guo@arcfe.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br>     | <b>Printed Name of Preparer</b><br>Han Jun Li          | <b>Date (mm/dd/yyyy)</b><br>11/23/2015          |
| <b>Firm Name and Address</b><br>Law Office of Li & Associates, PLLC<br>136-18 39th Ave, Suite 704<br>Flushing, NY 11354 |  |   |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>718-888-0882  | <b>Fax Number (Area/Country Codes)</b><br>718-732-2391 | <b>E-Mail Address</b><br>hanjun.li@lihanjkn.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

5326 REC'D CSC 150E23 1836

**Part 1. Information About Principal of the Regional Center**

|                  |                       |        |
|------------------|-----------------------|--------|
| Name: Last<br>Li | First<br>Junmin (Jim) | Middle |
|------------------|-----------------------|--------|

In Care Of: American United EB-5 Regional Center

Street Address/P.O. Box: 805 SW Broadway, #2080

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: Portland (b)(6) | State: OR | Zip Code: 97205 |
|-----------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (503) 477-8218 | Telephone Number (include area code): (503) 477-8170 |
|----------------------------|--|--|

Web site address: www.audgus.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1421651839 / RC-ID1031910044

**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 United EB-5 Regional Center

Street Address/P.O. Box: 805 SW Broadway, #2080

|                |           |                 |
|----------------|-----------|-----------------|
| City: Portland | State: OR | Zip Code: 97205 |
|----------------|-----------|-----------------|

|                                     |  |   |
|-------------------------------------|--|---|
| Web site www.audgus.com<br>Address: | Fax Number (include area code): (503) 477-8218 | Telephone (include area code): (503) 477-8170 |
|-------------------------------------|--|---|

**B. Name of Managing Company/Agency:** American United Development Group

Street Address/P.O. Box: 333 S Grand Ave, 25 Floor PMB 367

|                   |           |                 |
|-------------------|-----------|-----------------|
| City: Los Angeles | State: CA | Zip Code: 90503 |
|-------------------|-----------|-----------------|

|                                     |  |   |
|-------------------------------------|--|---|
| Web site www.audgus.com<br>Address: | Fax Number (include area code): (503) 477-8218 | Telephone (include area code): (503) 477-8170 |
|-------------------------------------|--|---|

**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<br>Address: | Fax Number (include area code): N/A | Telephone (include area code): N/A |
|--------------------------|-------------------------------------|------------------------------------|



**RCW1535853904**

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>(b)(4)</b> | 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>(b)(4)</b> | a. Industry Category Title:<br>Residential Building Construction      |   | NAICS Code for the Industry Category<br>2 3 6 1 |  |
|               | Aggregate EB-5 Capital Investment:                                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|               |   |   |   |  |
| <b>(b)(4)</b> | b. Industry Category Title:<br>Non Residential Building Construction  |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
|               | Aggregate EB-5 Capital Investment:                                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|               |   |   |   |  |
| <b>(b)(4)</b> | c. Industry Category Title:<br>Architectural and Engineering services |   | NAICS Code for the Industry Category<br>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:

|  |  |   |   |                    |
|--|--|---|---|--------------------|
| <b>(b)(4)</b>  | a. Name of Commercial Enterprise:<br>ORC II, LLC (NCE)     |   | Industry Category Title:<br>Investment Management |                    |
|  | Address (Street Number and Name):<br>805 SW Broadway #2080 | City:<br>Portland                           | State:<br>OR                                      | Zip Code:<br>97205 |
|  | Aggregate EB-5 Capital Investment:                         | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |                    |
|  |  |   |   |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Nichols Landing LLC (JCE)                   |  | <b>Industry Category Title:</b><br>Hotel Development |                           |
| <b>Address (Street Number and Name):</b><br>2501 SW 1st Avenue Suite 390 | <b>City:</b><br>Portland                 | <b>State:</b><br>OR                                  | <b>Zip Code:</b><br>97201 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                              |                           |
| (b)(4)   |  |  |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>                      |                           |
| <b>Address (Street Number and Name):</b>                                 | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                              |                           |

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>AURC III, LLC (NCE)   |  | <b>Industry Category Title:</b><br>Investment Management |                           |
| <b>Address (Street Number and Name):</b><br>805 SW Broadway #2080 | <b>City:</b><br>Portland                           | <b>State:</b><br>OR                                      | <b>Zip Code:</b><br>97205 |
| <b>Aggregate EB-5 Capital Investment:</b>                         | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                        |                           |
| (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.

|   |   |  |                           |
|---|---|--|---------------------------|
| <b>(1) Business Name:</b><br>Point Ruston Phase II, LLC (JCE)       |   | <b>Industry Category Title:</b><br>Real Estate Development |                           |
| <b>Address (Street Number and Name):</b><br>5219 N Shirley St. #100 | <b>City:</b><br>Ruston                  | <b>State:</b><br>WA  | <b>Zip Code:</b><br>98407 |
| <b>EB-5 Capital Investment</b>                                      | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                                     |                           |
| (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:<br>ORC I, LLC (NCE)      |   | Industry Category Title:<br>Investment Management |                    |
| Address (Street Number and Name):<br>805 SW Broadway #2080 | City:<br>Portland                           | State:<br>OR                                      | Zip Code:<br>97205 |
| 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:<br>Waverly Assisted Living, LLC (JCE)  |                                   | Industry Category Title:<br>Assisted Living Facility |                    |
| Address (Street Number and Name):<br>2853 Salem Avenue SE | City:<br>Albany                   | State:<br>OR   | Zip Code:<br>97321 |
| 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)**

|  |  |  |  |
|--|--|--|--|
| <b>d. Name of Commercial Enterprise:</b><br>AURC IV, LLC (NCE) |  | <b>Industry Category Title:</b><br>Investment Management |  |
|--|--|--|--|

|   |                          |                     |                           |
|---|--------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>805 SW Broadway #2080 | <b>City:</b><br>Portland | <b>State:</b><br>OR | <b>Zip Code:</b><br>97205 |
|---|--------------------------|---------------------|---------------------------|

(b)(4)

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
|   |  |                                   |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Grove Hotel Partners, LLC (JCE) |  | <b>Industry Category Title:</b><br>Hotel Development |  |
|--|--|--|--|

|  |                          |                     |                           |
|--|--------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>421 W Burnside St. | <b>City:</b><br>Portland | <b>State:</b><br>OR | <b>Zip Code:</b><br>97209 |
|--|--------------------------|---------------------|---------------------------|

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
|                                 |  |                         |

(b)(4)

|                           |  |                                 |  |
|---------------------------|--|---------------------------------|--|
| <b>(2) Business Name:</b> |  | <b>Industry Category Title:</b> |  |
|---------------------------|--|---------------------------------|--|

|  |              |               |                  |
|--|--------------|---------------|------------------|
| <b>Address (Street Number and Name):</b> | <b>City:</b> | <b>State:</b> | <b>Zip Code:</b> |
|--|--------------|---------------|------------------|

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
|---------------------------------|--|-------------------------|

|   |  |  |  |
|---|--|--|--|
| <b>e. Name of Commercial Enterprise:</b><br>AURC V, LLC (NCE) |  | <b>Industry Category Title:</b><br>Investment Management |  |
|---|--|--|--|

|   |                          |                     |                           |
|---|--------------------------|---------------------|---------------------------|
| <b>Address Street Number and Name:</b><br>805 SW Broadway #2080 | <b>City:</b><br>Portland | <b>State:</b><br>OR | <b>Zip Code:</b><br>97205 |
|---|--------------------------|---------------------|---------------------------|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
|   |  |                                   |

(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.

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(1) Business Name:</b><br>Cannery Station Development, LLC (JCE) |  | <b>Industry Category Title:</b><br>Real Estate Development |                           |
| <b>Address (Street Number and Name):</b><br>805 SW Broadway #2080   | <b>City:</b><br>Portland                 | <b>State:</b><br>OR  | <b>Zip Code:</b><br>97205 |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                    |                           |
| (b)(4)  |  |  |                           |
| <b>(2) Business Name:</b>   |  | <b>Industry Category Title:</b>                            |                           |
| <b>Address (Street Number and Name):</b>                            | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                    |                           |

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 |
| (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.)

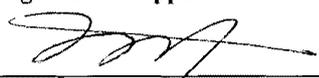
(b)(4)

| 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**.

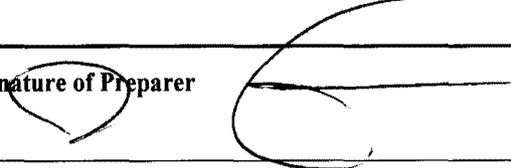
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Junmin (Jim) Li | <b>Date (mm/dd/yyyy)</b><br>11/30/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(503) 477-8170  | <b>E-Mail Address</b><br>jimli@audgus.com           |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br>     | <b>Printed Name of Preparer</b><br>Timothy D. Knowles    | <b>Date (mm/dd/yyyy)</b><br>12-04-2015      |
| <b>Firm Name and Address</b><br>T.D. Knowles & Associates - 1200 Old Fairhaven Parkway, Suite 203, Bellingham, WA 98225 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(360) 933-1612   | <b>Fax Number (Area/Country Codes)</b><br>(360) 933-1664 | <b>E-Mail Address</b><br>info@tdknowles.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<br>Jacoboy | First<br>Robert | Middle<br>A.C. |
|-----------------------|-----------------|----------------|

In Care Of: American Pathway Regional Center, LLC

Street Address/P.O. Box: 161 Washington St., 8 Tower Bridge, Suite 1525

|                           |           |                 |
|---------------------------|-----------|-----------------|
| City: Conshohocken (b)(6) | State: PA | Zip Code: 19428 |
|---------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (215) 893-9830 | Telephone Number (include area code): (215) 893-9924 |
|----------------------------|--|--|

Web site address: www.americanpathwayrc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1228650783/ID 1228650783

**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 Pathway Regional Center, LLC

Street Address/P.O. Box: 161 Washington St., 8 Tower Bridge, Suite 1525

|  |   |  |
|--|---|--|
| City: Conshohocken                             | State: PA   | Zip Code: 19428                                  |
| Web site<br>Address: www.americanpathwayrc.com | Fax Number<br>(include area code): (215) 893-9830 | Telephone<br>(include area code): (215) 893-9924 |

B. Name of Managing Company/Agency: Philadelphia Private Capital, LLC

Street Address/P.O. Box: 161 Washington St., 8 Tower Bridge, Suite 1525

|                      |   |  |
|----------------------|---|--|
| City: Conshohocken   | State: PA   | Zip Code: 19428                                  |
| Web site<br>Address: | Fax Number<br>(include area code): (215) 893-9830 | Telephone<br>(include area code): (215) 893-9924 |

C. Name of Other Agent: John Robert Noonan

Street Address/P.O. Box: 161 Washington St., 8 Tower Bridge, Suite 1525

|                      |   |  |
|----------------------|---|--|
| City: Conshohocken   | State: PA   | Zip Code: 19428                                  |
| Web site<br>Address: | Fax Number<br>(include area code): (215) 893-9830 | Telephone<br>(include area code): (215) 518-8164 |



**RCW1533853505**

egarcia2 1924A 12/04/2015

REC'D CSC 15DEC 4 10:02

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:<br>Nonresidential Project Construction                       |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| b. Industry Category Title:<br>Professional & Commercial Equipment and Supplies Merchant |   | NAICS Code for the Industry Category<br>4 2 3 4 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| c. Industry Category Title:<br>Architectural, Engineering & Related Services             |   | NAICS Code for the Industry Category<br>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:<br>APRC Preserve, LLC  |   | Industry Category Title:<br>Nonresidential Project Construction |   |
| Address (Street Number and Name):<br>161 Washington St, Suite 1525   | City:<br>Conshohocken                       | State:<br>PA  | Zip Code:<br>19428  |
| 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>(1) Business Name:</b><br>Rabbit Run, LP                      |  | <b>Industry Category Title:</b><br>Residential Project Construction |                           |
| <b>Address (Street Number and Name):</b><br>400 South River Road | <b>City:</b><br>New Hope                 | <b>State:</b><br>PA   | <b>Zip Code:</b><br>18938 |
| <b>EB-5 Capital Investment:</b>                                  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
| (b)(4)   |  |   |                           |
| <b>(2) Business Name</b><br>N/A                                  |  | <b>Industry Category Title:</b>                                     |                           |
| <b>Address (Street Number and Name):</b>                         | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
|  |  |   |                           |
| <b>EB-5 Capital Investment:</b>                                  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
|  |  |   |                           |

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>APRC Race Street, LLC          |  | <b>Industry Category Title:</b><br>Residential Project Construction |                           |
| <b>Address (Street Number and Name):</b><br>161 Washington St., Suite 1525 | <b>City:</b><br>Conshohocken                       | <b>State:</b><br>PA   | <b>Zip Code:</b><br>19428 |
| <b>Aggregate EB-5 Capital Investment:</b>                                  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                                   |                           |
| (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.

|  |   |   |                           |
|--|---|---|---------------------------|
| <b>(1) Business Name:</b><br>Second and Race Streets, LP       |   | <b>Industry Category Title:</b><br>Residential Project Construction |                           |
| <b>Address (Street Number and Name):</b><br>2337 Philmont Ave. | <b>City:</b><br>Huntingdon Valley       | <b>State:</b><br>PA   | <b>Zip Code:</b><br>19006 |
| <b>EB-5 Capital Investment</b>                                 | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>  |                           |
| (b)(4)   |   |   |                           |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**Part 3. Information About the Regional Center (Continued)**

|   |   |                            |           |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise:<br>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:<br>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:<br>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:<br>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:<br>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:<br>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**.

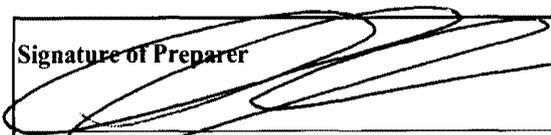
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br>  | <b>Printed Name of Applicant</b><br>Robert A.C. Jacoby | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(215) 893-9924   | <b>E-Mail Address</b><br>rjacoby@americanpathwayrc.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President and Chief Executive Officer, American Pathway 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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Debbie A. Klis        | <b>Date (mm/dd/yyyy)</b><br>12/2/15             |
| <b>Firm Name and Address</b><br>Ballard Spahr LLP<br>1909 K St., NW, 12TH Floor<br>Washington D.C., 20006           |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 661-7661   | <b>Fax Number (Area/Country Codes)</b><br>(202) 661-2299 | <b>E-Mail Address</b><br>klisd@ballardspahr.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

FORM I-924A SUPPLEMENT TO FORM I-924 5326

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Pong   | First<br>Paul                                  | Middle   |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 11010 NE 8th Street, Suite 465  |  |  |
| City: Bellevue (b)(6)  | State: WA                                      | Zip Code: 98004                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): (206) 219-4142 | Telephone Number (include area code): (206) 650-3990 |
| Web site address:  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | 1415351770   |

**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 NW Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 11010 NE 8th Street, Suite 465 |  |   |
| City: Bellevue  | State: WA                                      | Zip Code: 98004                               |
| Web site Address:                                       | Fax Number (include area code): (206) 219-4142 | Telephone (include area code): (206) 650-3990 |

**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): |



**RCW1534953647**

**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 |
|        | [Redacted]                        | See Attached                               | 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".)

|        |  |   |   |
|--------|--|---|---|
| (b)(4) | a. Industry Category Title:<br>Nonresidential Building Construction                    |   | NAICS Code for the Industry Category<br>2 3 6 2 |
|        | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>Not Applicable    |
| (b)(4) | b. Industry Category Title:<br>Furniture and Home Furnishing Merchant Wholesalers      |   | NAICS Code for the Industry Category<br>4 2 3 2 |
|        | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>Not Applicable    |
| (b)(4) | c. Industry Category Title:<br>Professional and Commercial Equipment and Supplies Mer* |   | NAICS Code for the Industry Category<br>4 2 3 4 |
|        | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>Not Applicable    |

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:<br>American NW Fund Fund-1   |   | Industry Category Title:<br>Funding Company  |                    |
| Address (Street Number and Name):<br>11010 NE 8th St, Ste 465  | City:<br>Bellevue                           | State:<br>WA                                 | Zip Code:<br>98004 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>Not Applicable |                    |
| Does this EB-5 commercial enterprise serve as a 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)

**Form I-924A, Supplement to Form I-924  
American NW Regional Center, LLC (ID1415351770)**

**Addendum to Form I-924A**

**Part 3**

**Question 2**

**Industry Title**

**NAICS Code**

**\*Professional and Commercial Equipment and Supplies  
Merchant Wholesalers**

4234

**Architectural and Engineering and Related Services**

5413

Aggregate EB-5 Capital Investment: [redacted] (b)(4)

Aggregate direct and indirect job creation: [redacted] see attached

Aggregate jobs maintained: N/A

**Restaurants and Other Eating Places**

7225

Aggregate EB-5 Capital Investment [redacted]

Aggregate direct and indirect job creation [redacted] see attached

Aggregate jobs maintained: N/A

(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.

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>(1) Business Name:</b><br>TMUD Holdings, LLC  |  | <b>Industry Category Title:</b><br>See Part 3 Section 2 and Addendum |                           |
| <b>Address (Street Number and Name):</b><br>11010 NE 8th St, Suite 465                                     | <b>City:</b><br>Bellevue                 | <b>State:</b><br>WA  | <b>Zip Code:</b><br>98004 |
| <b>EB-5 Capital Investment:</b><br><div style="border: 1px solid black; height: 15px; width: 100%;"></div> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>Not Applicable                            |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>                                      |                           |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |

(b)(4)

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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 |
| (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**.

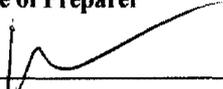
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |                                     |
|--|--|-------------------------------------|
| <b>Signature of Applicant</b><br>                                   | <b>Printed Name of Applicant</b><br>Paul Pong    | <b>Date (mm/dd/yyyy)</b><br>12/1/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 650-3990  | <b>E-Mail Address</b><br>EB5AmericanNW@gmail.com |                                     |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Managing Member and Owner of America NW 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

|  |  |   |
|--|--|---|
| <b>Signature of Preparer</b><br>            | <b>Printed Name of Preparer</b><br>Daniel B. Lundy       | <b>Date (mm/dd/yyyy)</b><br>12/14/15          |
| <b>Firm Name and Address</b><br>Klasko Immigration Law Partners, LLP<br>1601 Market Street, Suite 2600, Philadelphia, PA 19103 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(215) 825-8600  | <b>Fax Number (Area/Country Codes)</b><br>(215) 825-8699 | <b>E-Mail Address</b><br>dlundy@klaskolaw.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/15DEC18 16:11  
5338

**Part 1. Information About Principal of the Regional Center**

|                      |                  |                  |
|----------------------|------------------|------------------|
| Name: Last<br>Heafey | First<br>Brendan | Middle<br>Bryans |
|----------------------|------------------|------------------|

In Care Of: Bay Area Regional Center

Street Address/P.O. Box: 38 Webster St. Second Floor

|                      |           |                 |
|----------------------|-----------|-----------------|
| City: Oakland (b)(6) | State: CA | Zip Code: 94607 |
|----------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): [Redacted] | Fax Number (include area code): (510) 625-1502 | Telephone Number (include area code): (510) 625-1500 |
|--|--|--|

Web site address: www.bayarearc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910105 (Reaffirmation 10/8/15)

**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: Bay Area Regional Center

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 38 Webster St. Second Floor |  |   |
| City: Oakland  | State: CA                                      | Zip Code: 94607                               |
| Web site Address: www.bayarearc.com                  | Fax Number (include area code): (510) 625-1502 | Telephone (include area code): (510) 625-1500 |

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: James Falaschi

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| Street Address/P.O. Box: Same as above |                                 |                                |
| City:                                  | State:                          | Zip Code:                      |
| Web site Address:                      | Fax Number (include area code): | Telephone (include area code): |



**RCW1535253738**

**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:<br>Accommodations                           |   | NAICS Code for the Industry Category<br>7 2 1 |
| Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>0               |
| b. Industry Category Title:<br>Heavy and Civil Engineering Construction |   | NAICS Code for the Industry Category<br>2 3 7 |
| Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>0               |
| c. Industry Category Title:<br>Nonresidential Building Construction     |   | NAICS Code for the Industry Category<br>2 3 6 |
| Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>0               |

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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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 |
| [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.

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Brendan Heafey | <b>Date (mm/dd/yyyy)</b><br>12/15/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(510) 625-1500  | <b>E-Mail Address</b><br>brendan@bayarearc.com     |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>ZAMITH FISCHER | First<br>LUCIANA | Middle |
|------------------------------|------------------|--------|

In Care Of: BIRCHLEAF GLOBAL, LLC

Street Address/P.O. Box: 777 BRICKELL AVE., 5TH FLOOR

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: MIAMI<br>(b)(6) | State: FL | Zip Code: 33131 |
|-----------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): [REDACTED] | Fax Number (include area code): (305) 397-2604 | Telephone Number (include area code): (786) 391-3849 |
|--|--|--|

Web site address: WWW.BIRCHLEAFGLOBAL.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: BIRCHLEAF MIAMI 31, LLC

Street Address/P.O. Box: 777 BRICKELL AVE., 5TH FLOOR

|             |           |                 |
|-------------|-----------|-----------------|
| City: MIAMI | State: FL | Zip Code: 33131 |
|-------------|-----------|-----------------|

|   |  |   |
|---|--|---|
| Web site Address: WWW.BIRCHLEAFGLOBAL.CO<br>M | Fax Number (include area code): (305) 397-2604 | Telephone (include area code): (786) 391-3849 |
|---|--|---|

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): |
|-------------------|---------------------------------|--------------------------------|



**RCW1532353454**

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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<br>[Redacted] (b)(4) | Aggregate Direct and Indirect Job Creation<br>SEE ADDENDUM | Aggregate Jobs Maintained<br>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:<br>RESEARCH&DEVELOPMENT-PHYSICAL, ENGINEERING, LIFE SCIENCE |   | NAICS Code for the Industry Category<br>5 4 1 7 1 0 |
| Aggregate EB-5 Capital Investment:<br>[Redacted] (b)(4)                                 | Aggregate Direct and Indirect Job Creation:<br>SEE ADDENDUM | Aggregate Jobs Maintained:                          |
| b. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_____       |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation:                 | Aggregate Jobs Maintained:                          |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_____       |
| 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:<br>BIRCHLEAF MIAMI LIFE SCIENCE FUND, LP   |   | Industry Category Title:<br>INVESTMENT LENDER |                    |
| Address (Street Number and Name):<br>777 BRICKELL AVE., 5TH FLOOR  | City:<br>MIAMI  | State:<br>FL                                  | Zip Code:<br>33131 |
| Aggregate EB-5 Capital Investment:<br>[Redacted] (b)(4)  | Aggregate Direct and Indirect Job Creation:<br>SEE ADDENDUM | Aggregate Jobs Maintained:<br>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.

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>(1) Business Name:</b><br>WEXFORD MIAMI, LLC  |  | <b>Industry Category Title:</b><br>REAL ESTATE DEVELOPMENT |                           |
| <b>Address (Street Number and Name):</b><br>801 W BALTIMORE ST, STE 505  | <b>City:</b><br>BALTIMORE                                | <b>State:</b><br>MD  | <b>Zip Code:</b><br>21201 |
| <b>EB-5 Capital Investment:</b><br><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <b>(b)(4)</b> | <b>Direct and Indirect Job Creation:</b><br>SEE ADDENDUM | <b>Jobs Maintained:</b><br>N/A                             |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>                            |                           |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>   | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b>                 | <b>Jobs Maintained:</b>                                    |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>c. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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)                                 |  |        |         |
|  |  |        |         |

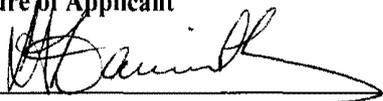
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>LUCIANA ZAMITH FISCHER | <b>Date (mm/dd/yyyy)</b><br>11/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(786) 391-3849  | <b>E-Mail Address</b><br>LFISCHER@HTFLAWYERS.COM           |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>MANAGING MEMBERS      |  |  |

**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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Ricciuti   | First<br>J.                                  | Middle<br>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) |  | RCW1217850697                                      |

**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 North Carolina 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 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 |
| [Redacted]                        |  |                           |

- 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:<br>Traveler Accommodation | NAICS Code for the Industry Category<br>7 2 1 1 |
|---|---|

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| [Redacted]                         |   |                            |

|  |   |
|--|---|
| b. Industry Category Title:<br>Full Service Restaurant | NAICS Code for the Industry Category<br>7 2 2 2 |
|--|---|

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| [Redacted]                         |   |                            |

|  |   |
|--|---|
| c. Industry Category Title:<br>Non-residential building construction | NAICS Code for the Industry Category<br>2 3 6 2 |
|--|---|

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| [Redacted]                         |   |                            |

- 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:<br>N/A0 | (b)(4) | Industry Category Title: |
|---|--------|--------------------------|

|                                   |       |        |           |
|-----------------------------------|-------|--------|-----------|
| Address (Street Number and Name): | City: | State: | Zip Code: |
|-----------------------------------|-------|--------|-----------|

|                                    |   |                            |
|------------------------------------|---|----------------------------|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
|------------------------------------|---|----------------------------|

Does this EB-5 commercial enterprise 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: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                  |                          |           |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                  | Industry Category Title: |           |
| Address (Street Number and 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 |
| [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.)

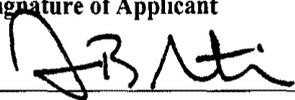
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>J. Bruce Ricciuti | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>781-431-2600  | <b>E-Mail Address</b><br>Bruce@birchcapital.com       |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                                 |                          |
|---|--|---------------------------------|--------------------------|
| <b>Signature of Preparer</b>                        |  | <b>Printed Name of Preparer</b> | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                                 |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>           |                          |

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<br>GUO | First<br>Lily | Middle |
|-------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: 136-18 39th Ave, Suite 705

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: Flushing<br>(b)(6) | State: NY | Zip Code: 11354 |
|--------------------------|-----------|-----------------|

|   |   |   |
|---|---|---|
| Date of Birth<br>(mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> | Fax Number<br>(include area code): (718) 732-2391 | Telephone Number<br>(include area code): (718) 878-3378 |
|---|---|---|

Web site address: <http://www.arcfe.com>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1205250597

**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:** American Regional Center for Entrepreneurs

Street Address/P.O. Box: 136-18 39th Ave, Suite 705

|  |   |  |
|--|---|--|
| City: Flushing   | State: NY   | Zip Code: 11354                                  |
| Web site <a href="http://www.arcfe.com">http://www.arcfe.com</a><br>Address: | Fax Number<br>(include area code): (718) 732-2391 | Telephone<br>(include area code): (718) 878-3378 |

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(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 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.”)

|        |   |   |   |  |
|--------|---|---|---|--|
| (b)(4) | a. Industry Category Title:<br>Building Construction        |   | NAICS Code for the Industry Category<br>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:<br>Architect & Engineering Svcs |   | NAICS Code for the Industry Category<br>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:<br>Others                       |   | NAICS Code for the Industry Category<br>-----       |  |
|        | 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:<br>ARCFE Group One, LLC  |   | Industry Category Title:<br>Construction funding |                    |
| Address (Street Number and Name):<br>136-18 39th Ave, Suite 705  | City:<br>Flushing                           | State:<br>NY                                     | Zip Code:<br>11354 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>(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:<br>70-32 Queens Boulevard, LLC           |                                   | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>70-32 Queens Boulevard | City:<br>Woodside                 | State:<br>NY  | Zip Code:<br>11377 |
| 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:<br>ARCFE Group 2, LLC         |   | Industry Category Title:<br>Construction Funding |                    |
| Address (Street Number and Name):<br>136-18 39th Ave, Suite 705 | City:<br>Flushing                           | State:<br>NY                                     | Zip Code:<br>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:<br>Roosevelt 136-68 LLC                |                                  | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>136-68 Roosevelt Ave | City:<br>Flushing                | State:<br>NY  | Zip Code:<br>11354 |
| EB-5 Capital Investment                                   | Direct and Indirect Job Creation | Jobs Maintained                                     |                    |
| (b)(4)  |                                  |   |                    |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|   |   |  |                    |
|---|---|--|--------------------|
| <b>c. Name of Commercial Enterprise:</b><br>ARCFE Group 3, LLC  |   | Industry Category Title:<br>Construction Funding |                    |
| Address (Street Number and Name):<br>136-18 39th Ave, Suite 705 | City:<br>Flushing                           | State:<br>NY                                     | Zip Code:<br>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.

|   |                                   |   |                    |
|---|-----------------------------------|---|--------------------|
| <b>(1) Business Name:</b><br>Golden 8th Ave Realty Corp |                                   | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>5515 8th Ave       | City:<br>Brooklyn                 | State:<br>NY  | Zip Code:<br>11220 |
| EB-5 Capital Investment:                                | Direct and Indirect Job Creation: | Jobs Maintained:                                    |                    |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | 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)

**Part 3. Information About the Regional Center (Continued)**

|  |  |   |                    |
|--|--|---|--------------------|
| d. Name of Commercial Enterprise:<br>ARCFE Group A, LLC  |  | Industry Category Title:<br>Construction Funding    |                    |
| Address (Street Number and Name):<br>136-18 39th Ave, Suite 705  | City:<br>Flushing                                  | State:<br>NY  | Zip Code:<br>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 |  |   |                    |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.                                  |  |   |                    |
| (1) Business Name:<br>Murray Park South LLC  |  | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>35-06 Leavitt Street, #CF-A   | City:<br>Flushing                                  | State:<br>NY  | Zip Code:<br>11354 |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:<br><b>(b)(4)</b> | Jobs Maintained:<br><input type="checkbox"/>        |                    |
| (2) Business Name:<br>Murray Park North LLC  |  | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>35-06 Leavitt Street, #CF-A   | City:<br>Flushing                                  | State:<br>NY  | Zip Code:<br>11354 |
| EB-5 Capital Investment:<br>\$196,992  | Direct and Indirect Job Creation:<br>33            | Jobs Maintained:                                    |                    |
| e. Name of Commercial Enterprise:<br>ARCFE Group 4, LLC  |  | Industry Category Title:<br>Construction Funding    |                    |
| Address Street Number and Name:<br>136-18 39th Ave, Suite 705  | City:<br>Flushing                                  | State:<br>NY  | Zip Code:<br>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:<br>Dutch Kills Associates, LLC          |                                   | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>425 Northern Blvd, #6 | City:<br>Great Neck               | State:<br>NY  | Zip Code:<br>11021 |
| EB-5 Capital Investment:                                   | Direct and Indirect Job Creation: | Jobs Maintained:                                    |                    |
| (2) Business Name:<br>27-51 Jackson Ave, LLC               |                                   | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>9 Kensington Circle   | City:<br>Manhasseet               | State:<br>NY  | Zip Code:<br>11030 |
| 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 |
|  |        |         |

(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.*

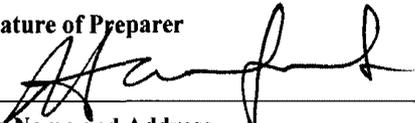
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Lily Guo | <b>Date (mm/dd/yyyy)</b><br>11/19/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>718-878-3378   | <b>E-Mail Address</b><br>lily.guo@arcfe.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br>     | <b>Printed Name of Preparer</b><br>Han Jun Li          | <b>Date (mm/dd/yyyy)</b><br>11/23/2015          |
| <b>Firm Name and Address</b><br>Law Office of Li & Associates, PLLC<br>136-18 39th Ave, Suite 704<br>Flushing, NY 11354 |  |   |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>718-888-0882  | <b>Fax Number (Area/Country Codes)</b><br>718-732-2391 | <b>E-Mail Address</b><br>hanjun.li@lihanjun.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15NOV20 20:32  
5326

**Part 1. Information About Principal of the Regional Center**

|  |   |   |
|--|---|---|
| Name: Last<br>Mostyn                             | First<br>Richard                                  | Middle<br>L.  |
| In Care Of: BA Regional Center MM, LLC           |   |   |
| Street Address/P.O. Box: 6406 IVY LANE SUITE 700 |   |   |
| City: Greenbelt                                  | (b)(6)  | State: MD   |
|  |   | Zip Code: 20770   |
| Date of Birth<br>(mm/dd/yyyy):                   | Fax Number<br>(include area code): (301) 486-1320 | Telephone Number<br>(include area code): (301) 446-2220 |
| Web site address: N/A                            |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1421151832/ID1421151832

**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: BA Regional Center, LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 6406 IVY LANE SUITE 700 |   |  |
| City: Greenbelt                                  | State: MD   | Zip Code: 20770                                  |
| Web site [in development]<br>Address:            | Fax Number<br>(include area code): (301) 486-1320 | Telephone<br>(include area code): (301) 446-2220 |

B. Name of Managing Company/Agency: BA Regional Center MM, LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 6406 IVY LANE SUITE 700 |   |  |
| City: Greenbelt                                  | State: MD   | Zip Code: 20770                                  |
| Web site N/A<br>Address:                         | Fax Number<br>(include area code): (301) 486-1320 | Telephone<br>(include area code): (301) 446-2220 |

C. Name of Other Agent: N/A

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1532453462**

maginger 1924A 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.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Nonresidential Building Construction                      |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |
| b. Industry Category Title:<br>Professional & Commercial Equipment and Supplies Merchant |   | NAICS Code for the Industry Category<br>4 2 3 4 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |
| c. Industry Category Title:<br>Architectural, Engineering and Related Services           |   | NAICS Code for the Industry Category<br>5 4 1 3 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |

- 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:<br>N/A  |   | Industry Category Title:<br>(b)(4) |           |
| Address (Street Number and Name):   | City:                                       | State:                             | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:         |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                    |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>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<br>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:<br>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:<br>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)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**Part 3. Information About the Regional Center (Continued)**

|   |   |                            |           |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise:<br>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:<br>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:<br>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:<br>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:<br>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:<br>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**.

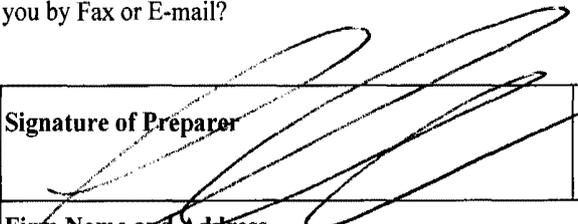
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |                                       |
|--|---|---------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Richard L. Mostyn | <b>Date (mm/dd/yyyy)</b><br>11/3/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(301) 446-2220  | <b>E-Mail Address</b><br>rmostyn@bozzuto.com          |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Debbie A. Klis, Esq.  | <b>Date (mm/dd/yyyy)</b><br>11/9/15             |
| <b>Firm Name and Address</b><br>Ballard Spahr LLP<br>1909 K Street, NW 12th Floor, Wash DC 20006                    |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 661-7661   | <b>Fax Number (Area/Country Codes)</b><br>(202) 661-2299 | <b>E-Mail Address</b><br>klisd@ballardspahr.com |

**Part 1. Information About Principal of the Regional Center**

|                        |                 |               |
|------------------------|-----------------|---------------|
| Name: Last<br>Robinson | First<br>Daniel | Middle<br>Ray |
|------------------------|-----------------|---------------|

In Care Of: Atlantic Regional Center for Foreign Investment, LLC

Street Address/P.O. Box: 129 Fleming Dr.

|                     |           |                 |
|---------------------|-----------|-----------------|
| City: Durham (b)(6) | State: NC | Zip Code: 27712 |
|---------------------|-----------|-----------------|

|                            |                                 |  |
|----------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): | Telephone Number (include area code): (919) 321-2030 |
|----------------------------|---------------------------------|--|

Web site address: www.arcfi.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1031910189

**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: Atlantic Regional Center for Foreign Investment, LLC

Street Address/P.O. Box: 129 Fleming Dr.

|              |           |                 |
|--------------|-----------|-----------------|
| City: Durham | State: NC | Zip Code: 27712 |
|--------------|-----------|-----------------|

|                                    |                                 |   |
|------------------------------------|---------------------------------|---|
| Web site www.arcfi.com<br>Address: | Fax Number (include area code): | Telephone (include area code): (919) 321-2030 |
|------------------------------------|---------------------------------|---|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|                      |                                 |                                |
|----------------------|---------------------------------|--------------------------------|
| Web site<br>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): |
|----------|---------------------------------|--------------------------------|



RCW1535753854

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 |
|        | [Redacted]                        |  | 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:        |   | NAICS Code for the Industry Category |
|        | Marinas                            |   | 7 1 3 9 3                            |
| (b)(4) | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
|        | [Redacted]                         |   | n/a                                  |

|        |                                    |   |                                      |
|--------|------------------------------------|---|--------------------------------------|
| (b)(4) | b. Industry Category Title:        |   | NAICS Code for the Industry Category |
|        | Accommodation                      |   | 7 2 1                                |
| (b)(4) | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
|        | [Redacted]                         |   | n/a                                  |

|        |                                    |   |                                      |
|--------|------------------------------------|---|--------------------------------------|
| (b)(4) | c. Industry Category Title:        |   | NAICS Code for the Industry Category |
|        | Mixed Use Construction             |   | 2 3                                  |
| (b)(4) | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
|        | [Redacted]                         |   | 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:          |   | Industry Category Title:   |   |
|  | Northern Riverfront Marina and Hotel, LLLP |   | Marinas                    |   |
|  | Address (Street Number and Name):          | City:                                       | State:                     | Zip Code:   |
| 720 N. Third St.   |  | Wilmington                                  | NC                         | 28401   |
| (b)(4)   | Aggregate EB-5 Capital Investment:         | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |   |
|  | [Redacted]                                 |   | 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>North Carolina Port Expansion Fund I, LLP |  | <b>Industry Category Title:</b><br>Mixed-Use Construction |                           |
| <b>Address (Street Number and Name):</b><br>720 N. Third St.                          | <b>City:</b><br>Wilmington                         | <b>State:</b><br>NC                                       | <b>Zip Code:</b><br>28401 |
| <b>Aggregate EB-5 Capital Investment:</b>   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                         |                           |
| <div style="border: 1px solid black; width: 100%; height: 20px;"></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.

|  |   |                                 |                  |
|--|---|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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:<br>Hotel Durham, LLLP |   | Industry Category Title:<br>Accommodation & Mixed-Use Construction |                    |
| Address (Street Number and Name):<br>129 Fleming Dr.    | City:<br>Durham                             | State:<br>NC   | Zip Code:<br>27712 |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

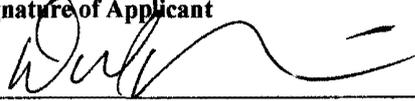
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Daniel Robinson | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(919) 321-2030  | <b>E-Mail Address</b><br>drobinson@arcfi.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>LIEBMAN                                | First<br>HENRY                                 | Middle<br>GOODMAN                                    |
| In Care Of: AMERICAN LIFE, INC.                      |  |  |
| Street Address/P.O. Box: 270 S. HANFORD ST., STE 100 |  |  |
| City: SEATTLE  | 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: ATLANTA EB-5 REGIONAL CENTER

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 270 S. HANFORD ST., STE 100 |  |   |
| City: SEATTLE  | State: WA                                      | Zip Code: 98134                               |
| Web site WWW. AMLIFE.US<br>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<br>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<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW153553762**

RCW 153553762 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 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:<br>NO ACTIVITIES FY ENDING 2015 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                                 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                                 |   | NAICS Code for the Industry Category<br>_____ |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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 |

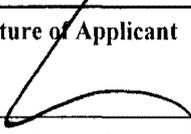
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>                               | <b>Printed Name of Applicant</b><br>HENRY LIEBMAN  | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 381-1690  | <b>E-Mail Address</b><br>HENRY@AMERICANLIFEINC.COM |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

5326  
RCW1535953929

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Scannapieco                    | First<br>Tom                               | Middle   |
| In Care Of:                                  |  |  |
| Street Address/P.O. Box: 400 South Main St.  |  |  |
| City: New Hope (b)(6)                        | State: PA                                  | Zip Code: 18938                                  |
| Date of Birth (mm/dd/yyyy):                  | Fax Number (include area code): 2158629286 | Telephone Number (include area code): 2158625400 |
| Web site address: www.scannapiecodevcorp.com |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW11 279 50330/ID 1127950330

**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:** Atlanitic City Regional Center d/b/a Princeton Global Capital Fund

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| Street Address/P.O. Box: 400 South Main St. |                                     |                                    |
| City: New Hope                              | State: PA                           | Zip Code: 18938                    |
| Web site Address: www.pgcfund.com           | Fax Number (include area code): n/a | Telephone (include area code): n/a |

**B. Name of Managing Company/Agency:** Princeton Global Capital Fund, LLC

|   |                                 |   |
|---|---------------------------------|---|
| Street Address/P.O. Box: 103 Carnegie Center, Suite 300 |                                 |   |
| City: Princeton   | State: NJ                       | Zip Code: 08540                           |
| Web site Address: www.pgcfund.com                       | Fax Number (include area code): | Telephone (include area code): 6097591298 |

**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): |



**RCW1535953929**

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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:<br>Residential Building Construction | NAICS Code for the Industry Category<br>2 3 0 0 0 0 |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation:         |
| (b)(4)   |   |
| Aggregate Jobs Maintained:                                       |   |

|  |   |
|--|---|
| b. Industry Category Title:<br>Architectural, Engineering and Related Services | NAICS Code for the Industry Category<br>5 4 1 3 0 0 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation:         |
| (b)(4)   |   |
| Aggregate Jobs Maintained:   |   |

|                                    |   |
|------------------------------------|---|
| c. Industry Category Title:        | NAICS Code for the Industry Category<br>_____ |
| 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:<br>500 Walnut EB-5 Lenders, LLC  | Industry Category Title:<br>Financial Services |
| Address (Street Number and Name):<br>103 Carnegie Center, Suite  | City:<br>Princeton                             |
| State:<br>NJ   | Zip Code:<br>08540                             |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation:    |
| (b)(4)   |  |
| Aggregate Jobs Maintained:   |  |
| Does this EB-5 commercial enterprise serve as a 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:<br>500 Walnut Partners, LP           |                                   | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>400 South Main St. | City:<br>New Hope                 | State:<br>PA <input type="checkbox"/>               | Zip Code:<br>18938 |
| 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:<br><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:<br><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:<br><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:  | 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:<br><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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                                |           |
| (1) Business Name:   |   | Industry Category Title:       |           |
| Address (Street Number and Name):  | City:                                       | State:<br><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:<br><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:<br><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  |   |                                |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital 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)                                 |        |         |

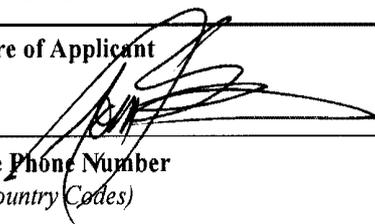
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |                                       |
|--|---|---------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Tom Scannapieco | <b>Date (mm/dd/yyyy)</b><br>12/1/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>2158625400  | <b>E-Mail Address</b><br>toms@sdc400.com            |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC28 15:14

**Part 1. Information About Principal of the Regional Center**

|   |   |   |
|---|---|---|
| Name: Last<br>Chen  | First<br>Kevin                                    | Middle  |
| In Care Of: Art District Los Angeles Regional Center, LLC |   |   |
| Street Address/P.O. Box: 1131 E. 5th Street               |   |   |
| City: Los Angeles   | State: CA   | Zip Code: 90013   |
| Date of Birth<br>(mm/dd/yyyy)                             | Fax Number<br>(include area code): (213) 621-2868 | Telephone Number<br>(include area code): (818) 967-7693 |

5233

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:                      |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



**RCW1536454058**  
maginger 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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Lessors of Real Estate              |   | NAICS Code for the Industry Category<br>5 3 1 1 |  |
| Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |
| b. Industry Category Title:<br>Restaurants and Other Eating Places |   | NAICS Code for the Industry Category<br>7 2 2 5 |  |
| Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |
| c. Industry Category Title:<br>Continue on Page 11                 |   | NAICS Code for the Industry Category<br>_____   |  |
| Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |

- 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:<br>Arts District Project I, LP   |   | Industry Category Title:<br>Please see page 12 |   |
| Address (Street Number and Name):<br>1129 E. 5th Street  | City:<br>Los Angeles                        | State:<br>CA                                   | Zip Code:<br>90013  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                     |   |
| [Redacted]   |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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:<br>Arts District Development, LLC    |                                   | Industry Category Title:<br>Please see page 12 |                    |
| Address (Street Number and Name):<br>1129 E. 5th Street | City:<br>Los Angeles              | State:<br>CA                                   | Zip Code:<br>90013 |
| EB-5 Capital Investment:                                | Direct and Indirect Job Creation: | Jobs Maintained:                               |                    |
| (2) Business 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:<br>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:<br>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:<br>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:<br>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.)

| Form I-526 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| (b)(4)                                 |        |         |

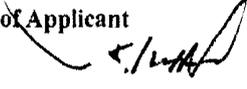
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

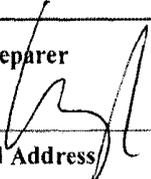
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Kevin Chen                 | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(818) 967-7693  | <b>E-Mail Address</b><br>kevin@artdistrictlaregionalcenter.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Linda Lau             | <b>Date (mm/dd/yyyy)</b><br>12/23/2015            |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro Street, Suite 1<br>South Pasadena, CA91030        |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>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<br>BAUER  | First<br>MICHAEL                                  | Middle<br>DEWEY   |
| In Care Of: LOGOS PROFESSIONAL LAW CORP.   |   |   |
| Street Address/P.O. Box: 34 EXECUTIVE PARK SUITE 275   |   |   |
| City: IRVINE   | State: CA   | Zip Code: 92660   |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (844) 564-6788 | Telephone Number<br>(include area code): (949) 660-0020 |
| Web site address: WWW.ARIZONAENRGEYCENTER.COM  |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |   | ID1113750204  |

**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:** ARIZONA ALTERNATIVE ENERGY CENTER, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 2338 W. ROYAL PALM RD., STE. J |   |  |
| City: PHOENIX   | State: AZ   | Zip Code: 8521                                   |
| Web site<br>Address: ARIZONAENERGYCENTER.COM            | Fax Number<br>(include area code): (503) 906-8985 | Telephone<br>(include area code): (503) 575-6290 |

**B. Name of Managing Company/Agency:**

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:**

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(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:<br>POWER AND COMMUNICATION LINE AND RELATED CONSTRUCTION |   | NAICS Code for the Industry Category<br>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<br>_____       |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| c. Industry Category Title:  |   | NAICS Code for the Industry Category<br>_____       |
| 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)**

|  |   |                                 |           |
|--|---|---------------------------------|-----------|
| <b>d. Name of Commercial Enterprise:</b>   |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):  | City:                                       | State:                          | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of 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>(1) Business Name:</b>  |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):  | City:                                       | State:                          | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:                |           |
| <b>(2) Business Name:</b>  |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):  | City:                                       | State:                          | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:                |           |
| <b>e. Name of Commercial Enterprise:</b>   |   | <b>Industry Category Title:</b> |           |
| Address Street Number and Name:  | City:                                       | State:                          | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |                                 |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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)                                 |        |         |

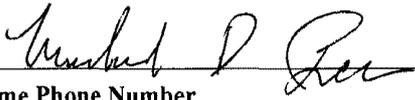
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>MICHAEL D. BAUER | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(503) 575-6290  | <b>E-Mail Address</b><br>MBAUERFINANCE@YAHOO.COM     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>YONGJIN LEE           | <b>Date (mm/dd/yyyy)</b><br>12/22/2015        |
| <b>Firm Name and Address</b><br>LOGOS PROFESSIONAL LAW CORP.<br>34 EXECUTIVE PARK, SUITE 275<br>IRVINE, CA 92660    |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(949) 660-0020   | <b>Fax Number (Area/Country Codes)</b><br>(844) 564-6788 | <b>E-Mail Address</b><br>LEE@LOGOSLAWYERS.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<br>Lopez-Jordan   | First<br>Gonzalo                               | Middle   |
| In Care Of: ARCG Florida Regional Center LLC   |  |  |
| Street Address/P.O. Box: 1200 Brickell Avenue, Suite 1950  |  |  |
| City: Miami (b)(6)   | State: FL                                      | Zip Code: 33131                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): (786) 272-5929 | Telephone Number (include area code): (305) 961-1610 |
| Web site address: www.americanrcg.com  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | ID1421251836   |

**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:** ARCG Florida Regional Center LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1200 Brickell Avenue, Suite 1950 |  |   |
| City: Miami   | State: FL                                      | Zip Code: 33131                               |
| Web site www.americanrcg.com<br>Address:                  | Fax Number (include area code): (786) 272-5929 | Telephone (include area code): (305) 961-1610 |

**B. Name of Managing Company/Agency:** American Regional Center Group LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1200 Brickell Avenue, Suite 1950 |  |   |
| City: Miami   | State: FL                                      | Zip Code: 33131                               |
| Web site www.americanrcg.com<br>Address:                  | Fax Number (include area code): (786) 523-7790 | Telephone (include area code): (305) 961-1610 |

**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): |



**RCW1536554074**

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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Nonresidential building/Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 0 0 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| b. Industry Category Title:<br>Accommodation                        |   | NAICS Code for the Industry Category<br>7 2 1 1 0 0 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>-----       |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |

- 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:<br>Midtown Miami Investors LLC   |   | Industry Category Title:<br>Real estate developer |   |
| Address (Street Number and Name):<br>1200 Brickell Ave, Ste 1950   | City:<br>Miami                              | State:<br>FL                                      | Zip Code:<br>33131  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |   |
| [Redacted]   |   |   |   |
| Does this EB-5 commercial enterprise serve as a 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:<br>Triptych Miami Holdings, LLC      |                                   | Industry Category Title:<br>Real estate developer |                    |
| Address (Street Number and Name):<br>330 NW 29th Street | City:<br>Miami                    | State:<br>FL                                      | Zip Code:<br>33127 |
| EB-5 Capital Investment:                                | Direct and Indirect Job Creation: | Jobs Maintained:                                  |                    |
|   |                                   |   |                    |
| (2) Business 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 |
| (b)(4)                                 |        |         |

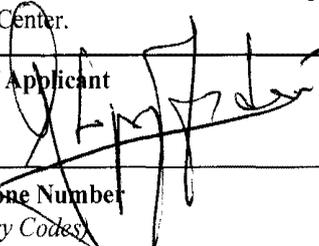
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Gonzalo Lopez-Jordan     | <b>Date (mm/dd/yyyy)</b><br>12/28/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(305) 961-1610  | <b>E-Mail Address</b><br>GLopezJordan@patagoniafinanciam.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Principal 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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Lopez-Jordan                                | First<br>Gonzalo                               | Middle   |
| In Care Of: ARCG California Regional Center LLC           |  |  |
| Street Address/P.O. Box: 1200 Brickell Avenue, Suite 1950 |  |  |
| City: Miami (b)(6)  | State: FL                                      | Zip Code: 33131                                      |
| Date of Birth (mm/dd/yyyy)                                | Fax Number (include area code): (786) 272-5929 | Telephone Number (include area code): (305) 961-1610 |
| Web site address: www.americanrcg.com                     |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1313051133

**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:** ARCG California Regional Center LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1200 Brickell Avenue, Suite 1950 |  |   |
| City: Miami   | State: FL                                      | Zip Code: 33131                               |
| Web site www.americanrcg.com<br>Address:                  | Fax Number (include area code): (786) 272-5929 | Telephone (include area code): (305) 961-1610 |

**B. Name of Managing Company/Agency:** American Regional Center Group LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1200 Brickell Avenue, Suite 1950 |  |   |
| City: Miami   | State: FL                                      | Zip Code: 33131                               |
| Web site www.americanrcg.com<br>Address:                  | Fax Number (include area code): (786) 523-7790 | Telephone (include area code): (305) 961-1610 |

**C. Name of Other Agent:**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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 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:<br>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?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                  |                          |          |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name:                |                                  | Industry Category Title: |          |
| Address (Street Number and 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 |
| [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.)

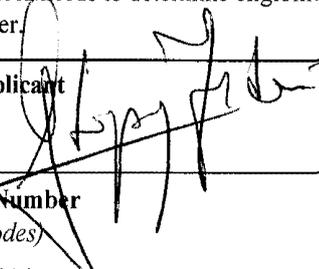
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Gonzalo Lopez-Jordan     | <b>Date (mm/dd/yyyy)</b><br>12/28/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(305) 961-1610  | <b>E-Mail Address</b><br>GLopezJordan@patagoniafinanciam.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Principal 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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Wu   | First<br>Alan                                     | Middle  |
| In Care Of: ARC Atlantic Regional Center, LLC  |   |   |
| Street Address/P.O. Box: 2290 Huntington Dr., #100   |   |   |
| City: San Marino<br>(b)(6)   | State: CA   | Zip Code: 91108   |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (626) 281-1136 | Telephone Number<br>(include area code): (626) 281-1168 |
| Web site address: N/A  |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |   | RCW 1409051723  |

**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:** ARC Atlantic Regional Center, LLC

Street Address/P.O. Box: 2290 Huntington Dr., #100

|                                    |   |  |
|------------------------------------|---|--|
| City: San Marino                   | State: CA   | Zip Code: 91108                                  |
| Web site<br>Address: www.arcrc.org | Fax Number<br>(include area code): (626) 281-1136 | Telephone<br>(include area code): (626) 281-1168 |

**B. Name of Managing Company/Agency:** ARC Atlantic Regional Center, LLC

Street Address/P.O. Box: 2290 Huntington Dr., #100

|                                    |   |  |
|------------------------------------|---|--|
| City: San Marino                   | State: CA   | Zip Code: 91108                                  |
| Web site<br>Address: www.arcrc.org | Fax Number<br>(include area code): (626) 281-1136 | Telephone<br>(include area code): (626) 281-1168 |

**C. Name of Other Agent:** N/A

Street Address/P.O. Box:

|          |                                    |                                   |
|----------|------------------------------------|-----------------------------------|
| City:    | State:                             | Zip Code:                         |
| Web site | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1600454138**

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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 |
|        | [Redacted]                        |  | 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:<br>Accommodation-Hotel |   | NAICS Code for the Industry Category<br>7 2 1 1 0 0 |
|        | Aggregate EB-5 Capital Investment:                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                   |

|        |   |   |   |
|--------|---|---|---|
| (b)(4) | b. Industry Category Title:<br>Food & Beverage Service-Restaurants & Other Eating Place |   | NAICS Code for the Industry Category<br>7 2 2 5 0 0 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |

|        |   |   |   |
|--------|---|---|---|
| (b)(4) | c. Industry Category Title:<br>Grocery Stores |   | NAICS Code for the Industry Category<br>4 4 5 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:

|        |  |   |   |                    |
|--------|--|---|---|--------------------|
| (b)(4) | a. Name of Commercial Enterprise:<br>555 Atlantic Gateway LP   |   | Industry Category Title:<br>Accommodation-Hotel |                    |
|        | Address (Street Number and Name):<br>2290 Huntington Dr., #100 | City:<br>San Marino                         | State:<br>CA                                    | Zip Code:<br>91108 |
|        | Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>Ethan Capital, LLC                       |                                   | Industry Category Title:<br>Accommodation-Hotel |                    |
| Address (Street Number and Name):<br>2290 Huntington Dr., #100 | City:<br>San Marino               | State:<br>CA                                    | Zip Code:<br>91108 |
| EB-5 Capital Investment:                                       | Direct and Indirect Job Creation: | Jobs Maintained:<br>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)(4)

|  |   |                            |           |
|--|---|----------------------------|-----------|
| b. Name of Commercial Enterprise:<br>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:<br>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:<br>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:<br>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)                                 |        |         |

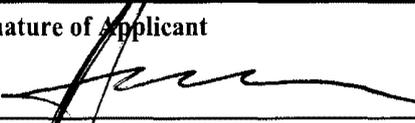
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

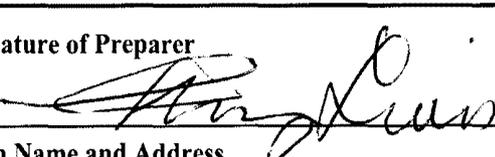
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Alan Wu     | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 281-1168  | <b>E-Mail Address</b><br>kjcapiatal@hotmail.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br>                     | <b>Printed Name of Preparer</b><br>Chung-Hung Liou       | <b>Date (mm/dd/yyyy)</b><br>12/24/2015        |
| <b>Firm Name and Address</b><br>Law Offices of Larry C. Liou & Associates, Inc.<br>150 N Santa Anita Ave., Ste 890<br>Arcadia, CA 91006 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 574-2002   | <b>Fax Number (Area/Country Codes)</b><br>(626) 408-6668 | <b>E-Mail Address</b><br>lcliou2002@yahoo.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/ED/22 17:10

5338

**Part 1. Information About Principal of the Regional Center**

|                    |              |        |
|--------------------|--------------|--------|
| Name: Last<br>Chan | First<br>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<br>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<br>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<br>Address: | Fax Number (include area code): (323) 210-7298 | Telephone (include area code): (909) 896-7865 |
|--------------------------|--|---|



**RCW1535653812**

**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:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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**.

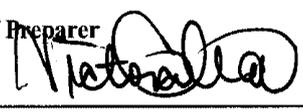
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Tat Chan | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(909) 896-7865  | <b>E-Mail Address</b><br>vc3233@gmail.com    |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Victoria Chan         | <b>Date (mm/dd/yyyy)</b><br>12/18/2015                  |
| <b>Firm Name and Address</b><br>Harris Law Group USA<br>PO Box 1880<br>San Gabriel, CA 91778                        |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(909) 896-7865   | <b>Fax Number (Area/Country Codes)</b><br>(323) 210-7298 | <b>E-Mail Address</b><br>victoria@harrislawgroupusa.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

93-11 2703051 CSJ 0331  
REC'D CSC 150622 17:06  
5338

**Part 1. Information About Principal of the Regional Center**

|  |   |   |                 |
|--|---|---|-----------------|
| Name: Last<br>Chan   |   | First<br>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<br>(mm/dd/yyyy):   | Fax Number<br>(include area code): (323) 210-7298 | Telephone Number<br>(include area code): (909) 896-7865 |                 |
| Web site address: www.ciifusa.com  |   |   |                 |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |   | W09000850   |                 |

**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 Investment Immigration Fund LLC

|   |   |  |                 |
|---|---|--|-----------------|
| Street Address/P.O. Box: 225 W Valley Blvd. Suite # H-118 |   |  |                 |
| City: San Gabriel   |   | State: CA  | Zip Code: 91776 |
| Web site<br>Address: www.ciifusa.com                      | Fax Number<br>(include area code): (323) 210-7298 | Telephone<br>(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<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(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<br>Address: N/A             | Fax Number<br>(include area code): (323) 210-7298 | Telephone<br>(include area code): (909) 896-7865 |                 |



**RCW1535653815**  
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:<br>Full-Service Restaurants |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |

(b)(4)

|   |   |   |
|---|---|---|
| b. Industry Category Title:<br>New Single Family Housing Construction |   | NAICS Code for the Industry Category<br>2 3 6 1 1 5 |
| Aggregate EB-5 Capital Investment:                                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |

|                                    |   |   |
|------------------------------------|---|---|
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_ _ _ _ _ |
| 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:<br>Harris Group III LP   |   | Industry Category Title:<br>Full Service Restaurants |   |
| Address (Street Number and Name):<br>Haven & Civic Center Drive  | City:<br>Rancho Cucamonga                   | State:<br>CA   | Zip Code:<br>91730  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                           |   |
|  |   |  |   |
| Does this EB-5 commercial 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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|   |   |  |                    |
|---|---|--|--------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Harris Group XVIII LP |   | Industry Category Title:<br>New Single Family Housing Construction |                    |
| Address (Street Number and Name):<br>6527 Etiwanda Ave            | City:<br>Rancho Cucamonga                   | State:<br>CA   | Zip Code:<br>91739 |
| 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.

|                                   |                                  |                          |           |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                  | Industry Category Title: |           |
| Address (Street Number and 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:<br>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:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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:<br>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**.

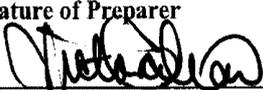
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Tat Chan | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(909) 896-7865  | <b>E-Mail Address</b><br>invest@ciifusa.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Victoria Chan         | <b>Date (mm/dd/yyyy)</b><br>12/18/2015                  |
| <b>Firm Name and Address</b><br>Harris Law Group USA<br>PO Box 1880<br>San Gabriel, CA 91778                        |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(909) 896-7865   | <b>Fax Number (Area/Country Codes)</b><br>(323) 210-7298 | <b>E-Mail Address</b><br>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<br>HA  | First<br>LONG                       | Middle   |
| In Care Of: California International Regional Center, LLC |                                     |  |
| Street Address/P.O. Box: 17870 Castleton Street Suite 110 |                                     |  |
| City: City of Industry (b)(6)                             | State: CA                           | Zip Code: 91748                                      |
| Date of Birth (mm/dd/yyyy)                                | Fax Number (include area code): N/A | Telephone Number (include area code): (714) 476-7777 |
| Web site address: www.uscirc.com                          |                                     |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1201350573 / RCID 1201350573

**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 International Regional Center, LLC

|   |                                     |   |
|---|-------------------------------------|---|
| Street Address/P.O. Box: 17870 Castleton Street Suite 110 |                                     |   |
| City: City of Industry                                    | State: CA                           | Zip Code: 91748                               |
| Web site www.uscirc.com<br>Address:                       | Fax Number (include area code): N/A | Telephone (include area code): (714) 476-7777 |

**B. Name of Managing Company/Agency:** N/A

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>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<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW1600454104**

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5233 RECD CSC15DEC28 1537

**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 |
|        | [Redacted]                        |  | 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:<br>Construction of Nonresidential Buildings            |   | NAICS Code for the Industry Category<br>2 3 6 2   |  |
|        | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
| (b)(4) | b. Industry Category Title:<br>Nursing Care Facilities (Skilled Nursing Facilities |   | NAICS Code for the Industry Category<br>6 2 3 1   |  |
|        | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
| (b)(4) | c. Industry Category Title:<br>Continue on Page 9                                  |   | NAICS Code for the Industry Category<br>— — — — — |  |
|        | 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:<br>Azure Route 66 Partners, LP |   | Industry Category Title:<br>Continue on Page 10 |                    |
|  | Address (Street Number and Name):<br>5900 Wilshire Boulevard     | City:<br>Los Angeles                        | State:<br>CA                                    | Zip Code:<br>90036 |
|  | Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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.

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Azure Route 66 Plaza Partners, LLC   |  | <b>Industry Category Title:</b><br>Continue on Page 9 |                           |
| <b>Address (Street Number and Name):</b><br>9460 Balboa Boulevard | <b>City:</b><br>Northridge                             | <b>State:</b><br>CA                                   | <b>Zip Code:</b><br>91325 |
| <b>EB-5 Capital Investment:</b><br>[REDACTED]                     | <b>Direct and Indirect Job Creation:</b><br>[REDACTED] | <b>Jobs Maintained:</b><br>N/A                        |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                       |                           |
| <b>Address (Street Number and Name):</b>                          | <b>City:</b>   | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                   | <b>Direct and Indirect Job Creation:</b>               | <b>Jobs Maintained:</b>                               |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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:<br>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:<br>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:<br>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)                                 |        |         |

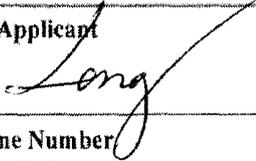
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

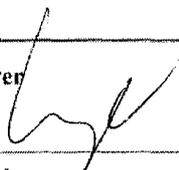
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|   |  |                                 |
|---|--|---------------------------------|
| Signature of Applicant<br> | Printed Name of Applicant<br>Long Ha     | Date (mm/dd/yyyy)<br>12/24/2015 |
| Daytime Phone Number<br>(Area/Country Codes)<br><br>(714) 476 7777  | E-Mail Address<br><br>long.ha@uscirc.com |                                 |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)<br><br>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<br> | Printed Name of Preparer<br>Linda Lau                     | Date (mm/dd/yyyy)<br>12/24/2015               |
| Firm Name and Address<br><br>Global Law Group<br>909 El Centro Street, Suite 1<br>South Pasadena, CA91030    |   |   |
| Daytime Phone Number<br>(Area/Country Codes)<br><br>(213) 830-9933   | Fax Number (Area/<br>Country Codes)<br><br>(213) 830-9930 | E-Mail Address<br><br>linda@globalawgroup.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<br>Kelly  | First<br>Scott                                 | Middle   |
| In Care Of: California Future Partners Regional Center   |  |  |
| Street Address/P.O. Box: 4660 La Jolla Village Drive, Suite 500  |  |  |
| City: San Diego (b)(6)   | State: CA                                      | Zip Code: 92122                                      |
| Date of Birth (mm/dd/yyyy):  | Fax Number (include area code): (949) 915-7290 | Telephone Number (include area code): (858) 625-4613 |
| Web site address: www.californiafp.com   |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | 1208150615   |

**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: California Future Partners Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 4660 La Jolla Village Drive, Suite 500 |  |   |
| City: San Diego   | State: CA                                      | Zip Code: 92112                               |
| Web site www.californiafp.com<br>Address:                       | Fax Number (include area code): (949) 915-7290 | Telephone (include area code): (858) 625-4613 |

B. Name of Managing Company/Agency: California Future Partners, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 4660 La Jolla Village Drive, Suite 500 |  |   |
| City: San Diego   | State: CA                                      | Zip Code: 92112                               |
| Web site www.californiafp.com<br>Address:                       | Fax Number (include area code): (949) 915-7290 | Telephone (include area code): (858) 625-4613 |

C. Name of Other Agent: Abbas Kouhkan/Principal of California Future Partners, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 4660 La Jolla Village Drive, Suite 500 |  |   |
| City: San Diego   | State: CA                                      | Zip Code: 92112                               |
| Web site www.californiafp.com<br>Address:                       | Fax Number (include area code): (949) 915-7290 | Telephone (include area code): (858) 625-4613 |



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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:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b><br>N/A          |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |   |                            |           |
|--|---|----------------------------|-----------|
| d. Name of Commercial Enterprise:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:<br>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:<br>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:<br>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:<br>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:<br>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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Scott Kelly | <b>Date (mm/dd/yyyy)</b><br>12/07/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>8586254613   | <b>E-Mail Address</b><br>scott@californiafp.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,**  
**Supplement to Form I-924**

RCW 1533653490

5338

**Part 1. Information About Principal of the Regional Center**

|                       |               |             |
|-----------------------|---------------|-------------|
| Name: Last<br>Runnels | First<br>Sean | Middle<br>M |
|-----------------------|---------------|-------------|

In Care Of:

Street Address/P.O. Box: 36953 Cook St. Suite 103

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: Palm Desert (b)(6) | State: CA | Zip Code: 92211 |
|--------------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (760) 610-2045 | Telephone Number (include area code): (760) 391-2290 |
|-----------------------------|--|--|

Web site address: www.cfiic.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID 1236150923

**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: California Foreign Investment and Immigration Center, LLC

Street Address/P.O. Box: 36953 Cook St. Suite 103

|                   |           |                 |
|-------------------|-----------|-----------------|
| City: Palm Desert | State: CA | Zip Code: 92211 |
|-------------------|-----------|-----------------|

|                                    |  |   |
|------------------------------------|--|---|
| Web site www.cfiic.com<br>Address: | Fax Number (include area code): (760) 610-2045 | Telephone (include area code): (760) 391-2290 |
|------------------------------------|--|---|

B. Name of Managing Company/Agency: Sean M Runnels

Street Address/P.O. Box: 36953 Cook St. Suite 103

|                   |           |                 |
|-------------------|-----------|-----------------|
| City: Palm Desert | State: CA | Zip Code: 92211 |
|-------------------|-----------|-----------------|

|                                    |  |   |
|------------------------------------|--|---|
| Web site www.cfiic.com<br>Address: | Fax Number (include area code): (760) 610-2045 | Telephone (include area code): (760) 391-2290 |
|------------------------------------|--|---|

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): |
|----------|---------------------------------|--------------------------------|



RCW1533653490

**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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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 |
| (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.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br><i>Sean M Runnels</i>  | <b>Printed Name of Applicant</b><br>Sean M Runnels | <b>Date (mm/dd/yyyy)</b><br>11/30/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>7603912290                              | <b>E-Mail Address</b><br>seanrunnels@earthlink.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

**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<br>Chen | First<br>Edward | Middle |
|--------------------|-----------------|--------|

In Care Of: California Golden Pacific Regional Center, LLC

Street Address/P.O. Box: 2275 Huntington Drive #338

|                            |           |                 |
|----------------------------|-----------|-----------------|
| City: San Marino<br>(b)(6) | State: CA | Zip Code: 91108 |
|----------------------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): 6266838128 | Telephone Number<br>(include area code): 6266839889 |
|-------------------------------|---|---|

Web site address: www.usgoldenpacific.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1134250380

**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 Golden Pacific Regional Center, LLC

Street Address/P.O. Box: 2275 Huntington Drive #338

|  |   |  |
|--|---|--|
| City: San Marino                                 | State: CA                                     | Zip Code: 91108                              |
| Web site<br>Address: www.usgoldenpacific.co<br>m | Fax Number<br>(include area code): 6266838128 | Telephone<br>(include area code): 6266839889 |

**B. Name of Managing Company/Agency:** California Golden Pacific Regional Center, LLC

Street Address/P.O. Box: 2275 Huntington Drive #338

|  |   |  |
|--|---|--|
| City: San Marino                                 | State: CA                                     | Zip Code: 91108                              |
| Web site<br>Address: www.usgoldenpacific.co<br>m | Fax Number<br>(include area code): 6266838128 | Telephone<br>(include area code): 6266839889 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                      |            |                                   |
|----------------------|------------|-----------------------------------|
| City:                | State:     | Zip Code:                         |
| Web site<br>Address: | Fax Number | Telephone<br>(include area code): |



**RCW1533753500**

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5326 REC'D CSC 15DEC 9 10:23

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Non-Residential Building Construction               |   | NAICS Code for the Industry Category<br>2 3 6 2 0 0 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]   |   |   |  |
| b. Industry Category Title:<br>Restaurant and Other Eating Places                  |   | NAICS Code for the Industry Category<br>7 2 2 5 0 0 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]   |   |   |  |
| c. Industry Category Title:<br>Furniture and Home Furnishings Merchant Wholesalers |   | NAICS Code for the Industry Category<br>4 2 3 2 0 0 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]   |   |   |  |

- 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:<br>LACSHG I, LLC   |   | Industry Category Title:<br>Special Purpose (Financial) Vehicle |                    |
| Address (Street Number and Name):<br>2275 Huntington Drive #338  | City:<br>San Marino                         | State:<br>CA  | Zip Code:<br>91108 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                      |                    |
| [Redacted]   |   |   |                    |
| Does this EB-5 commercial enterprise serve as a 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 |   |   |                    |

**Addendum to Form I-924a, Supplement to Form I-924**

**Regional Center:**

**California Golden Pacific Regional Center, LLC**

**Amendment to approved application:**

**RCW1134250380/ID1134250380**

**(b)(4)**

Part 3, #2

In addition to the 3 identified industries, additional industries include:

- NAICS 423600 – Household Appliances and Electrical and Electronic Goods Merchant Wholesale [redacted]
- NAICS 541300 – Architectural, Engineering, and Related Services [redacted]
- NAICS 423400 – Professional and Commercial Equipment Merchant Wholesalers [redacted]

The above 6 new industries are in addition to following 7 existing industries:

- NAICS 512110 – Motion Picture and Video Production [redacted]
- NAICS 512120 – Motion Picture and Video Distribution [redacted]
- NAICS 515120 – Television Broadcasting [redacted]
- NAICS 541810 – Advertising Agencies [redacted]
- NAICS 541830 – Media Buying Agencies [redacted]
- NAICS 541840 – Media Representatives [redacted]
- NAICS 541850 – Outdoor Advertising [redacted]

**(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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Columbia Square Hospitality Group |  | <b>Industry Category Title:</b><br>Hospitality, Restaurant and Other Eati |                           |
| <b>Address (Street Number and Name):</b><br>6121 Sunset Blvd.  | <b>City:</b><br>Los Angeles              | <b>State:</b><br>CA   | <b>Zip Code:</b><br>90028 |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
|  |  |   |                           |
| <b>(2) Business Name</b>                                       |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>                       | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>LAEF I, LLC                |  | <b>Industry Category Title:</b><br>Special Purpose (Financial) Vehicle |                           |
| <b>Address (Street Number and Name):</b><br>2275 Huntington Drive #338 | <b>City:</b><br>San Marino                         | <b>State:</b><br>CA  | <b>Zip Code:</b><br>91108 |
| <b>Aggregate EB-5 Capital Investment:</b>                              | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                                      |                           |
|  |  |  |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Lionsgate Entertainent                 |   | <b>Industry Category Title:</b><br>Motion Picture and Video Production |                           |
| <b>Address (Street Number and Name):</b><br>2700 Colorado Ave. #200 | <b>City:</b><br>Santa Monica            | <b>State:</b><br>CA  | <b>Zip Code:</b><br>90404 |
| <b>EB-5 Capital Investment</b>                                      | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>   |                           |
|   |   |  |                           |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>c. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Edward Chen     | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>6266839889  | <b>E-Mail Address</b><br>edward@usgoldenpacific.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |



**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:<br>None at the time of filing |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                               |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                               |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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: |           |
| <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            |           |

**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 |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br><i>Robert Staedler</i>  | <b>Printed Name of Applicant</b><br>Robert Staedler | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(408) 280-1038                                  | <b>E-Mail Address</b><br>Bstaedler@caldevrc.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |  |
|--|--|--|
| <b>Signature of Preparer</b><br><i>H. Ronald Klasko</i>  | <b>Printed Name of Preparer</b><br>H. Ronald Klasko      | <b>Date (mm/dd/yyyy)</b><br>12/28/2015         |
| <b>Firm Name and Address</b><br>Klasko Immigration Law Partners, LLP<br>1601 Market St., Suite 2600<br>Philadelphia, PA, 19103 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(215) 825-8600  | <b>Fax Number (Area/Country Codes)</b><br>(215) 825-8699 | <b>E-Mail Address</b><br>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<br>Farris, Jr. | First<br>Franklin | Middle<br>H. |
|---------------------------|-------------------|--------------|

In Care Of: Bluegrass International Fund, LLC

Street Address/P.O. Box: 150 Flynn Avenue, Suite 100

|                 |           |                 |
|-----------------|-----------|-----------------|
| City: Frankfort | State: KY | Zip Code: 40601 |
|-----------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (502) 882-4301 | Telephone Number (include area code): (502) 783-2525 |
|----------------------------|--|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1410451731 / ID1410451731

**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: Bluegrass International Fund, LLC

Street Address/P.O. Box: 150 Flynn Avenue, Suite 100

|                 |           |                 |
|-----------------|-----------|-----------------|
| City: Frankfort | State: KY | Zip Code: 40601 |
|-----------------|-----------|-----------------|

|  |  |   |
|--|--|---|
| Web site Address: www.bluegrass-fund.com | Fax Number (include area code): (502) 882-4301 | Telephone (include area code): (502) 783-2525 |
|--|--|---|

B. Name of Managing Company/Agency: SkyBlue Capital Partners, LLC

Street Address/P.O. Box: 462 S. 4th Street, Suite 2600

|                  |           |                 |
|------------------|-----------|-----------------|
| City: Louisville | State: KY | Zip Code: 40202 |
|------------------|-----------|-----------------|

|                   |                                 |                                |
|-------------------|---------------------------------|--------------------------------|
| 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): |
|-------------------|---------------------------------|--------------------------------|



**RCW1536353990**

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5326  
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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:<br>Nonresidential Building Construction             |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|   |   |   |  |
| b. Industry Category Title:<br>Architectural, Engineering, and Related Services |   | NAICS Code for the Industry Category<br>5 4 1 3 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|   |   |   |  |
| c. Industry Category Title:<br>Traveler Accommodations                          |   | NAICS Code for the Industry Category<br>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:<br>N/A  |   | (b)(4) |                            | Industry Category Title:<br>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.

|  |  |  |                  |
|--|--|--|------------------|
| <b>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b><br>N/A |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                          | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                |                  |
| <b>(2) Business Name</b><br>N/A          |  | <b>Industry Category Title:</b><br>N/A |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                          | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                |                  |

|   |  |  |                  |
|---|--|--|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b><br>N/A |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                          | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>      |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b><br>N/A |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                          | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                 |                 |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                                 |           |
|-----------------------------------|-----------------------------------|---------------------------------|-----------|
| (2) Business Name:<br>N/A         |                                   | Industry Category Title:<br>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:<br>N/A |   | Industry Category Title:<br>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:<br>N/A         |                                   | Industry Category Title:<br>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:<br>N/A         |                                   | Industry Category Title:<br>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:<br>N/A |   | Industry Category Title:<br>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:<br>N/A         |                                   | Industry Category Title:<br>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:<br>N/A         |                                   | Industry Category Title:<br>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:<br>N/A  |   | Industry Category Title:<br>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:<br>N/A         |                                   | Industry Category Title:<br>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:<br>N/A         |                                   | Industry Category Title:<br>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.)

(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**.

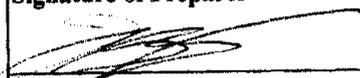
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br><i>Franklin H Ferris Jr</i>   | <b>Printed Name of Applicant</b><br>Franklin H Ferris Jr | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>502-593-1781  | <b>E-Mail Address</b><br>fferris@bluegrassfund.com       |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Yue Jane Zhang        | <b>Date (mm/dd/yyyy)</b><br>12/22/2015       |
| <b>Firm Name and Address</b><br>Miller Mayer, LLP P.O. Box 6435, Ithaca, New York, 14851                            |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(607) 273-4200   | <b>Fax Number (Area/Country Codes)</b><br>(607) 272-6694 | <b>E-Mail Address</b><br>yjz@millermayer.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<br>Ricciuti   | First<br>J.                                  | Middle<br>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): [REDACTED]   | 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) |  | RCW1103950157                                      |

**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 MD Bio-Park 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 Address:        | Fax Number (include area code): | Telephone (include area code): |



**RCW1535253735**

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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:<br>Non-residential Building Construction |  | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:<br>\$0                            | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                     |
| b. Industry Category Title:  |  | NAICS Code for the Industry Category<br>-----       |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation:      | Aggregate Jobs Maintained:                          |
| c. Industry Category Title:  |  | NAICS Code for the Industry Category<br>-----       |
| 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:<br>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?  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)                                 |        |         |

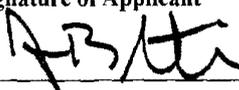
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>J. Bruce Ricciuti | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>781-431-2600  | <b>E-Mail Address</b><br>Bruce@birchcapital.com       |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Ricciuti | First<br>J. | Middle<br>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<br>(mm/dd/yyyy): | Fax Number<br>(include area code): 781-431-1363 | Telephone Number<br>(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)

**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: Birch MD BioPark Regional Center

|   |   |  |                 |
|---|---|--|-----------------|
| Street Address/P.O. Box: 65 William Street, Suite 310 |   |  |                 |
| City: Wellesley                                       | State: MA                                       |  | Zip Code: 02481 |
| Web site Address:                                     | Fax Number<br>(include area code): 781-431-1363 | Telephone<br>(include area code): 781-431-2600 |                 |

B. Name of Managing Company/Agency: Birch Capital, LLC

|   |   |  |                 |
|---|---|--|-----------------|
| Street Address/P.O. Box: 65 William Street, Suite 310 |   |  |                 |
| City: Wellesley                                       | State: MA                                       |  | Zip Code: 02481 |
| Web site Address: www.birchcapital.com                | Fax Number<br>(include area code): 781-431-1363 | Telephone<br>(include area code): 781-431-2600 |                 |

C. Name of Other Agent:

|                          |                                    |                                   |           |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: |                                    |                                   |           |
| City:                    | State:                             |                                   | Zip Code: |
|                          | Fax Number<br>(include area code): | Telephone<br>(include area code): |           |



**RCW1435752231**

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Non-residential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |
| b. Industry Category Title:<br>Manufacturing                         |   | NAICS Code for the Industry Category<br>3 3 9 1 |  |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |
| c. Industry Category Title:<br>(b)(4)                                |   | NAICS Code for the Industry Category<br>_____   |  |
| 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:<br>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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b><br>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>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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 |
| (b)(4)                                 |        |         |

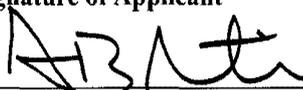
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>J. Bruce Ricciuti | <b>Date (mm/dd/yyyy)</b><br>12/21/2014 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>781-431-2600   | <b>E-Mail Address</b><br>Bruce@birchcapital.com       |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>TSOU                                   |  | First<br>Tina                          | Middle  |
| In Care Of: Big Apple Regional Center                |  |  |   |
| Street Address/P.O. Box: 401 E 80th Street, Apt. 28K |  |  |   |
| City: New York                                       |  | (b)(6)                                 | State: NY   |
|  |  |  | Zip Code: 10075   |
| Date of Birth<br>(mm/dd/yyyy)                        |  | Fax Number<br>(include area code): N/A | Telephone Number<br>(include area code): (917) 701-7063 |
| Web site address: n/a                                |  |  |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1408551717/ID1408551717

**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: Big Apple Regional Center**

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Street Address/P.O. Box: 401 E 80th Street, Apt. 2K |                                 |                                |
| City: New York                                      | State: NY                       | Zip Code: 10075                |
| Web site Address: n/a                               | 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:**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site Address:        | Fax Number (include area code): | Telephone (include area code): |



**RCW1536454064**

RECD CSC 15DEC28 15:41 5233

**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:<br>New Multifamily Housing Construction |   | NAICS Code for the Industry Category<br><u>2</u> <u>3</u> <u>6</u> <u>1</u> <u>1</u> <u>6</u> |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
|   |   |   |

|   |   |   |
|---|---|---|
| b. Industry Category Title:<br>Wholesale Trade Agents and Brokers |   | NAICS Code for the Industry Category<br><u>4</u> <u>2</u> <u>5</u> <u>1</u> <u>2</u> <u>0</u> |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |
|   |   |   |

|  |   |  |
|--|---|--|
| c. Industry Category Title:<br>Insurance Agencies and Brokerages |   | NAICS Code for the Industry Category<br><u>5</u> <u>2</u> <u>4</u> <u>2</u> <u>1</u> <u>  </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:<br>N/A  |   | Industry Category Title:<br>(b)(4) |           |
| Address (Street Number and Name):   | City:                                       | State:                             | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:         |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                    |           |

**Part 3. Information About the Regional Center** *(Continued)*

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b><br>N/A          |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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 |
| [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**.

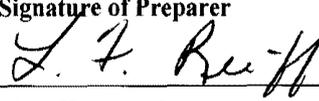
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Tina TSOU   | <b>Date (mm/dd/yyyy)</b><br>12/26/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(917) 701-7063  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Laura Foote Reiff     | <b>Date (mm/dd/yyyy)</b><br>12/24/2015   |
| <b>Firm Name and Address</b><br>Greenberg Traurig LLP - TCO<br>1750 Tysons Boulevard, #1000<br>McLean, VA 22102     |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>703- 749-1372  | <b>Fax Number (Area/Country Codes)</b><br>(703) 749-1301 | <b>E-Mail Address</b><br>reiff@gtlaw.com |

**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<br>Chen | First<br>Edward | Middle |
|--------------------|-----------------|--------|

In Care Of: California Golden Pacific Regional Center, LLC

Street Address/P.O. Box: 2275 Huntington Drive #338

|                  |           |                 |
|------------------|-----------|-----------------|
| City: San Marino | State: CA | Zip Code: 91108 |
|------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; padding: 2px;">(b)(6)</span> | Fax Number (include area code): 6266838128 | Telephone Number (include area code): 6266839889 |
|--|--|--|

Web site address: www.usgoldenpacific.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1134250380

**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 Golden Pacific Regional Center, LLC

Street Address/P.O. Box: 2275 Huntington Drive #338

|                  |           |                 |
|------------------|-----------|-----------------|
| City: San Marino | State: CA | Zip Code: 91108 |
|------------------|-----------|-----------------|

|   |  |   |
|---|--|---|
| Web site Address: www.usgoldenpacific.co<br>m | Fax Number (include area code): 6266838128 | Telephone (include area code): 6266839889 |
|---|--|---|

B. Name of Managing Company/Agency: California Golden Pacific Regional Center, LLC

Street Address/P.O. Box: 2275 Huntington Drive #338

|                  |           |                 |
|------------------|-----------|-----------------|
| City: San Marino | State: CA | Zip Code: 91108 |
|------------------|-----------|-----------------|

|   |  |   |
|---|--|---|
| Web site Address: www.usgoldenpacific.co<br>m | Fax Number (include area code): 6266838128 | Telephone (include area code): 6266839889 |
|---|--|---|

C. Name of Other Agent:

Street Address/P.O. Box:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|                   |                                |
|-------------------|--------------------------------|
| Web site Address: | Telephone (include area code): |
|-------------------|--------------------------------|



**RCW1533753500**

maginger 1924A 12/03/2015

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 | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Non-Residential Building Construction               |   | NAICS Code for the Industry Category<br>2 3 6 2 0 0 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]   |   |   |  |
| b. Industry Category Title:<br>Restaurant and Other Eating Places                  |   | NAICS Code for the Industry Category<br>7 2 2 5 0 0 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]   |   |   |  |
| c. Industry Category Title:<br>Furniture and Home Furnishings Merchant Wholesalers |   | NAICS Code for the Industry Category<br>4 2 3 2 0 0 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]   |   |   |  |

- 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:<br>LACSHG I, LLC   |   | Industry Category Title:<br>Special Purpose (Financial) Vehicle |   |
| Address (Street Number and Name):<br>2275 Huntington Drive #338  | City:<br>San Marino                         | State:<br>CA  | Zip Code:<br>91108  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                      |   |
| [Redacted]   |   |   |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Columbia Square Hospitality Group |  | <b>Industry Category Title:</b><br>Hospitality, Restaurant and Other Eati |                           |
| <b>Address (Street Number and Name):</b><br>6121 Sunset Blvd.  | <b>City:</b><br>Los Angeles              | <b>State:</b><br>CA   | <b>Zip Code:</b><br>90028 |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
| [Redacted]   |  |   |                           |
| <b>(2) Business Name</b>                                       |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>                       | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>LAEF I, LLC                |  | <b>Industry Category Title:</b><br>Special Purpose (Financial) Vehicle |                           |
| <b>Address (Street Number and Name):</b><br>2275 Huntington Drive #338 | <b>City:</b><br>San Marino                         | <b>State:</b><br>CA  | <b>Zip Code:</b><br>91108 |
| <b>Aggregate EB-5 Capital Investment:</b>                              | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                                      |                           |
| [Redacted]   |  |  |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Lionsgate Entertainent                 |   | <b>Industry Category Title:</b><br>Motion Picture and Video Production |                           |
| <b>Address (Street Number and Name):</b><br>2700 Colorado Ave. #200 | <b>City:</b><br>Santa Monica            | <b>State:</b><br>CA  | <b>Zip Code:</b><br>90404 |
| <b>EB-5 Capital Investment</b>                                      | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>   |                           |
| [Redacted]  |   |  |                           |

**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 |
| (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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Edward Chen     | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>6266839889  | <b>E-Mail Address</b><br>edward@usgoldenpacific.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

RCW 1536253958

5338

**Part 1. Information About Principal of the Regional Center**

|  |   |   |
|--|---|---|
| Name: Last<br>Spencer  | First<br>Susan                                    | Middle<br>Marie   |
| In Care Of: California Consortium for Agricultural Export  |   |   |
| Street Address/P.O. Box: 5286 E. Home Avenue   |   |   |
| City: Fresno   | State: CA   | Zip Code: 93727   |
| Date of Birth<br>(mm/dd/yyyy) <span style="border: 1px solid black; padding: 2px;">(b)(6)</span> | Fax Number<br>(include area code): (559) 456-8338 | Telephone Number<br>(include area code): (559) 452-9780 |
| Web site address: www.ccax.com   |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910155 (Attachment 1)

**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 Consortium for Agricultural Export (Attachment 2)

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 5286 E. Home Avenue |   |  |
| City: Fresno                                 | State: CA   | Zip Code: 93727                                  |
| Web site<br>Address: www.ccax.com            | Fax Number<br>(include area code): (559) 456-8338 | Telephone<br>(include area code): (559) 452-9780 |

**B. Name of Managing Company/Agency:**

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:**

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1536253958**

egarcia2 I924A 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.")

| 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>a. Industry Category Title:</b><br>Construction Machinery Manufacturing |   | <b>NAICS Code for the Industry Category</b><br>3 3 3 1 2 0 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |
|  |   |  |
| <b>b. Industry Category Title:</b><br>Wineries                             |   | <b>NAICS Code for the Industry Category</b><br>3 1 2 1 3 0 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>10                           |
| <b>c. Industry Category Title:</b>   |   | <b>NAICS Code for the Industry Category</b><br>_ _ _ _ _   |
| 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>a. Name of Commercial Enterprise:</b><br>California Manufacturing and Eng Co  |   | <b>Industry Category Title:</b><br>Construction Machinery Manufacturing |                           |
| <b>Address (Street Number and Name):</b><br>1401 Madera Avenue   | <b>City:</b><br>Kerman                      | <b>State:</b><br>CA   | <b>Zip Code:</b><br>93630 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br><input type="text"/>                      |                           |
| Does this EB-5 commercial 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:             |           |
| California Manufacturing and Eng Co - IBD |   | Construction Machinery Manufacturing |           |
| Address (Street Number and Name):         | City:                                       | State:                               | Zip Code: |
| 1401 Madera Avenue                        | Kerman                                      | CA                                   | 93630     |
| 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:<br>Mariposa Wine Company |   | Industry Category Title:<br>Wineries        |                    |
| Address (Street Number and Name):<br>20146 Road 21         | City:<br>Madera                             | State:<br>CA                                | Zip Code:<br>93637 |
| Aggregate EB-5 Capital Investment:                         | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br><b>(b)(4)</b> |                    |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>California Real Estate Opportunities  |   | Industry Category Title:<br>Commercial and Inst Bldg Construction |                    |
| Address (Street Number and Name):<br>5286 E. Home Avenue   | City:<br>Fresno                             | State:<br>CA  | Zip Code:<br>93727 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |                    |
| Does this EB-5 commercial 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:  |   | Industry Category Title:  |                    |
| Address Street Number and Name:  | City:                                       | State:  | Zip Code:          |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |                    |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes            |   |   |                    |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br><i>Susan M. Spencer</i>   | <b>Printed Name of Applicant</b><br>Susan M. Spencer | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 452-9780                                  | <b>E-Mail Address</b><br>sspencer@ccax.com           |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>LI | First<br>AILI | Middle |
|------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: 3502 Babson Dr.

|                 |        |           |                 |
|-----------------|--------|-----------|-----------------|
| City: Elk Grove | (b)(6) | State: CA | Zip Code: 95758 |
|-----------------|--------|-----------|-----------------|

|                               |                                    |   |
|-------------------------------|------------------------------------|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): | Telephone Number<br>(include area code): (916) 213-7815 |
|-------------------------------|------------------------------------|---|

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: California Blue Sky Regional Center, LLC

Street Address/P.O. Box: 3502 Babson Dr.

|                   |                                 |   |
|-------------------|---------------------------------|---|
| City: Elk Grove   | State: CA                       | Zip Code: 95758                               |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): (916) 213-7815 |

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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(b)(4)

**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:<br>Nonresidential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2   |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
|   |   |   |
| b. Industry Category Title:<br>(b)(4)                               |   | NAICS Code for the Industry Category<br>_ _ _ _ _ |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
|   |   |   |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_ _ _ _ _ |
| 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 |
| (b)(4)                                 |        |         |

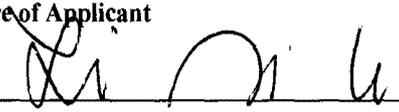
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Aili Li   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(916) 213-7815  | <b>E-Mail Address</b><br>BlueSkyRC8@gmail.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

RCW 1535753858 5338

**Part 1. Information About Principal of the Regional Center**

|                                       |   |   |                 |
|---------------------------------------|---|---|-----------------|
| Name: Last<br>Tavitian                |   | First<br>Ara  | Middle          |
| In Care Of: Wolfsdorf Rosenthal, LLP  |   |   |                 |
| Street Address/P.O. Box: 1416 2nd St. |   |   |                 |
| City: Santa Monica                    |   | State: CA   | Zip Code: 90401 |
| Date of Birth<br>(mm/dd/yyyy):        | Fax Number<br>(include area code): (310) 570-4080 | Telephone Number<br>(include area code): (310) 570-4080 |                 |
| Web site address: www.wolfsdorf.com   |   |   |                 |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1408751718

**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:** CAL PACIFIC REGIONAL CENTER, LLC

|  |                                    |  |                 |
|--|------------------------------------|--|-----------------|
| Street Address/P.O. Box: 801 Chevy Chase Drive, Suite 20 |                                    |  |                 |
| City: Glendale   |                                    | State: CA  | Zip Code: 91205 |
| Web site N/A<br>Address:                                 | Fax Number<br>(include area code): | Telephone<br>(include area code): (323) 300-3784 |                 |

**B. Name of Managing Company/Agency:** Dr. Ara Tavitian, Managing Member

|   |                                    |  |                 |
|---|------------------------------------|--|-----------------|
| Street Address/P.O. Box: 3191 Casitas Ave., Suite 130 |                                    |  |                 |
| City: Los Angeles                                     |                                    | State: CA  | Zip Code: 90039 |
| Web site<br>Address:                                  | Fax Number<br>(include area code): | Telephone<br>(include area code): (323) 300-3784 |                 |

**C. Name of Other Agent:**

|                          |                                    |                                   |           |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: |                                    |                                   |           |
| City:                    |                                    | State:                            | Zip Code: |
| Web site<br>...          | Fax Number<br>(include area code): | Telephone<br>(include area code): |           |



**RCW1535753858**

**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<br>See Letter of Support | 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:<br>See Letter of Support |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                          |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                          |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>See Letter of Support  |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>c. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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                                    |        |         |

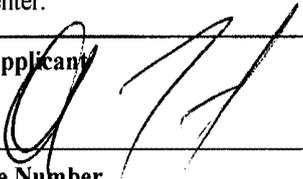
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| N/A                                    |        |         |

**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**.

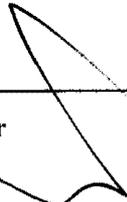
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Dr. Ara Tavitian  | <b>Date (mm/dd/yyyy)</b><br>12-21-2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(323) 300-3784  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |   |  |
|---|---|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Bernard P. Wolfsdorf, Esq. | <b>Date (mm/dd/yyyy)</b><br>12.22.15           |
| <b>Firm Name and Address</b><br>Wolfsdorf Rosenthal, LLP<br>1416 2nd St., Santa Monica, CA 90401                    |   |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(310) 570-4088   | <b>Fax Number (Area/Country Codes)</b><br>(310) 570-4080      | <b>E-Mail Address</b><br>bernard@wolfsdorf.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<br>Henrickson                             |   | First<br>Eric   | Middle<br>D.    |
| In Care Of: Build America Management Company, LLC    |   |   |                 |
| Street Address/P.O. Box: 2361 Campus Road, Suite 101 |   |   |                 |
| City: Irvine   |   | State: CA   | Zip Code: 92612 |
| Date of Birth<br>(mm/dd/yyyy):                       | Fax Number<br>(include area code): (949) 612-9945 | Telephone Number<br>(include area code): (949) 612-9188 |                 |
| Web site address: www.buildamericafund.com           |   |   |                 |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCID 1135750422

**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:** Build America Fund 1, LLC

|   |   |  |                 |
|---|---|--|-----------------|
| Street Address/P.O. Box: 2361 Campus Drive, Suite 101 |   |  |                 |
| City: Irvine  |   | State: CA  | Zip Code: 92612 |
| Web site<br>Address: www.buildamericafund.com         | Fax Number<br>(include area code): (949) 612-9945 | Telephone<br>(include area code): (949) 612-9188 |                 |

**B. Name of Managing Company/Agency:** Build America Management Company, LLC

|  |   |  |                 |
|--|---|--|-----------------|
| Street Address/P.O. Box: 2361 Campus Road, Suite 101 |   |  |                 |
| City: Irvine   |   | State: CA  | Zip Code: 92612 |
| Web site<br>Address: www.buildamericafund.com        | Fax Number<br>(include area code): (949) 612-9945 | Telephone<br>(include area code): (949) 612-9188 |                 |

**C. Name of Other Agent:**

|                          |                                    |                                   |           |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: |                                    |                                   |           |
| City:                    |                                    | State:                            | Zip Code: |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |           |



**RCW1609154290**  
egarcia2 1924A 03/31/2016

FORM I-924A-001 03/18/15 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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Non Residential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |
| b. Industry Category Title:<br>Nursing Residential Care Facilities   |   | NAICS Code for the Industry Category<br>6 2 3   |  |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   |   |   |  |
| c. Industry Category Title:<br>(b)(4)                                |   | NAICS Code for the Industry Category<br>_____   |  |
| 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:<br>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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

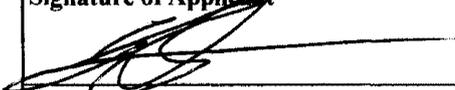
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |                                     |
|--|--|-------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Eric D. Henrickson | <b>Date (mm/dd/yyyy)</b><br>3/28/16 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(949) 612-9188  | <b>E-Mail Address</b><br>ehenrickson@bamcoeb5.com      |                                     |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Gomez                       |            | First<br>Leonel                                   | Middle  |
| In Care Of: 3201 Sidney Brooks            |            |   |   |
| Street Address/P.O. Box:                  |            |   |   |
| City: San Antonio                         | (b)(6)     | State: TX   | Zip Code: 78235   |
| Date of Birth<br>(mm/dd/yyyy)             | [Redacted] | Fax Number<br>(include area code): (210) 678-3338 | Telephone Number<br>(include area code): (210) 678-3300 |
| Web site address: www.brookscity-base.com |            |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1119550244/ID119550244

**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:** Brooks City Base Regional Center

|  |   |  |  |
|--|---|--|--|
| Street Address/P.O. Box: 3201 Sidney Brooks  |   |  |  |
| City: San Antonio                            | State: TX   | Zip Code: 78235                                  |  |
| Web site<br>Address: www.brookscity-base.com | Fax Number<br>(include area code): (210) 678-3338 | Telephone<br>(include area code): (210) 678-3300 |  |

**B. Name of Managing Company/Agency:** Brooks Development Authority

|  |   |  |  |
|--|---|--|--|
| Street Address/P.O. Box: 3201 Sidney Brooks  |   |  |  |
| City: San Antonio                            | State: TX   | Zip Code: 78235                                  |  |
| Web site<br>Address: www.brookscity-base.com | Fax Number<br>(include area code): (210) 678-3338 | Telephone<br>(include area code): (210) 678-3300 |  |

**C. Name of Other Agent:**

|                          |                                    |                                   |  |
|--------------------------|------------------------------------|-----------------------------------|--|
| Street Address/P.O. Box: |                                    |                                   |  |
| City:                    | State:                             | Zip Code:                         |  |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |  |



**RCW1536454038**

**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".)

|        |  |  |
|--------|--|--|
| (b)(4) | a. Industry Category Title:<br>Hard Construction                               | NAICS Code for the Industry Category<br>_____ 2 3  |
|        | Aggregate EB-5 Capital Investment:<br>_____                                    | Aggregate Direct and Indirect Job Creation:<br>_____ Aggregate Jobs Maintained:<br>_____ |
| (b)(4) | b. Industry Category Title:<br>Annual Leasing & property Management Activities | NAICS Code for the Industry Category<br>_____ 5 3 1 1 1 0                                |
|        | Aggregate EB-5 Capital Investment:<br>_____                                    | Aggregate Direct and Indirect Job Creation:<br>_____ Aggregate Jobs Maintained:<br>_____ |
| (b)(4) | c. Industry Category Title:  | NAICS Code for the Industry Category<br>_____  |
|        | Aggregate EB-5 Capital Investment:<br>_____                                    | Aggregate Direct and Indirect Job Creation:<br>_____ Aggregate Jobs Maintained:<br>_____ |

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:<br>Brooks City Base Aviator Apartments LLLP | Industry Category Title:                             |                                     |                    |
|  | Address (Street Number and Name):<br>3201 Sidney Brooks                       | City:<br>San Antonio                                 | State:<br>TX                        | Zip Code:<br>78235 |
|  | Aggregate EB-5 Capital Investment:<br>_____                                   | Aggregate Direct and Indirect Job Creation:<br>_____ | Aggregate Jobs Maintained:<br>_____ |                    |
| Does this EB-5 commercial 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 |

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.

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Applicant</b><br><i>Sha-Rone V. Caffie-Reyes</i>  | <b>Printed Name of Applicant</b><br>Sha-Rone Reyes         | <b>Date (mm/dd/yyyy)</b> |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(210) 678-3307   | <b>E-Mail Address</b><br>sharone.reyes@brookscity-base.com |                          |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Director of Brooks City Base 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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

**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.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br><i>Sha-Rone V. Caffie-Reyes</i>  | <b>Printed Name of Applicant</b><br>Sha-Rone Reyes         | <b>Date (mm/dd/yyyy)</b><br>12/26/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(210) 678-3307   | <b>E-Mail Address</b><br>sharone.reyes@brookscity-base.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Director of Brooks City Base 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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Gomez                       |        | First<br>Leonel                                   | Middle  |
| In Care Of: 3201 Sidney Brooks            |        |   |   |
| Street Address/P.O. Box:                  |        |   |   |
| City: San Antonio                         |        | State: TX   | Zip Code: 78235   |
| Date of Birth<br>(mm/dd/yyyy)             | (b)(6) | Fax Number<br>(include area code): (210) 678-3338 | Telephone Number<br>(include area code): (210) 678-3300 |
| Web site address: www.brookscity-base.com |        |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1119550244/ID119550244

**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:** Brooks City Base Regional Center

Street Address/P.O. Box: 3201 Sidney Brooks

|  |   |  |                 |
|--|---|--|-----------------|
| City: San Antonio                            |   | State: TX  | Zip Code: 78235 |
| Web site<br>Address: www.brookscity-base.com | Fax Number<br>(include area code): (210) 678-3338 | Telephone<br>(include area code): (210) 678-3300 |                 |

**B. Name of Managing Company/Agency:** Brooks Development Authority

Street Address/P.O. Box: 3201 Sidney Brooks

|  |   |  |                 |
|--|---|--|-----------------|
| City: San Antonio                            |   | State: TX  | Zip Code: 78235 |
| Web site<br>Address: www.brookscity-base.com | Fax Number<br>(include area code): (210) 678-3338 | Telephone<br>(include area code): (210) 678-3300 |                 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|          |                                    |                                   |
|----------|------------------------------------|-----------------------------------|
| City:    | State:                             | Zip Code:                         |
| Web site | Fax Number<br>(include area code): | Telephone<br>(include area code): |

5338



**RCW1600854216**  
egarcia2 1924A 12/30/2015



**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:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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<br><i>Sha-Rone V. Caffie-Reyes</i>  |  | Printed Name of Applicant<br>Sha-Rone Reyes         | Date (mm/dd/yyyy)<br>12/26/2015 |
| Daytime Phone Number<br>(Area/Country Codes)<br>(210) 678-3307   |  | E-Mail Address<br>sharone.reyes@brookscity-base.com |                                 |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)<br>Director of Brooks City Base 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<br>(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-92**

**Part 1. Information About Principal of the Regional Center**

|                       |                |                       |
|-----------------------|----------------|-----------------------|
| Name: Last<br>Stamper | First<br>Kevin | Middle<br>Christopher |
|-----------------------|----------------|-----------------------|

In Care Of:

Street Address/P.O. Box: 800 5th Avenue, Suite 4120

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Seattle<br>(b)(6) | State: WA | Zip Code: 98104 |
|-------------------------|-----------|-----------------|

|  |   |   |
|--|---|---|
| Date of Birth<br>(mm/dd/yyyy) [REDACTED] | Fax Number<br>(include area code): (206) 325-5539 | Telephone Number<br>(include area code): (206) 624-1770 |
|--|---|---|

Web site address: usrcgroup.com

USCIS-assigned number for the Designated Regional Center (attach the  
Regional Center's most recently issued approval notice) RCW1427651898

**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: Boston Regional Center, Inc.

Street Address/P.O. Box: 800 5th Avenue, Suite 4120

|                                    |   |  |
|------------------------------------|---|--|
| City: Seattle                      | State: WA   | Zip Code: 98104                                  |
| Web site<br>Address: usrcgroup.com | Fax Number<br>(include area code): (206) 325-5539 | Telephone<br>(include area code): (206) 624-1770 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

|       |                                    |                                   |
|-------|------------------------------------|-----------------------------------|
| City: | State:                             | Zip Code:                         |
|       | Fax Number<br>(include area code): | Telephone<br>(include area code): |



RCW1536354016

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:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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:<br>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:<br>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:<br>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:<br>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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name:</b>         |                                   | 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)                                 |        |         |

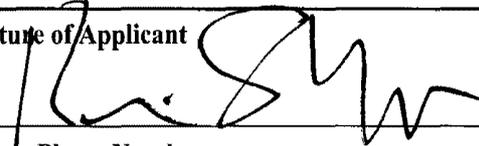
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Kevin Stamper | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 624-1770  | <b>E-Mail Address</b><br>kevin@usrcgroup.com      |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,**  
**Supplement to Form I-924**

FORM I-924A-0001 5326

**Part 1. Information About Principal of the Regional Center**

|                         |                |              |
|-------------------------|----------------|--------------|
| Name: Last<br>Macalinao | First<br>Louie | Middle<br>G. |
|-------------------------|----------------|--------------|

In Care Of:

Street Address/P.O. Box: 10759 Cory Lake Drive

|             |        |           |                 |
|-------------|--------|-----------|-----------------|
| City: Tampa | (b)(6) | State: FL | Zip Code: 33647 |
|-------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): 8132372756 | Telephone Number<br>(include area code): 8133523569 |
|-------------------------------|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1208050614 ID 1208050614

**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, <sup>2012</sup>\_\_\_\_\_ (YYYY) and Ending on September 30, <sup>2015</sup>\_\_\_\_\_ (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: BLMP Florida Healthcare Regional Center, LLC

Street Address/P.O. Box: 10759 Cory Lake Drive

|             |           |                 |
|-------------|-----------|-----------------|
| City: Tampa | State: FL | Zip Code: 33647 |
|-------------|-----------|-----------------|

|                   |  |   |
|-------------------|--|---|
| Web site Address: | Fax Number (include area code): 8132372756 | Telephone (include area code): 8133523569 |
|-------------------|--|---|

B. Name of Managing Company/Agency: BLMP Florida Healthcare Regional Center, LLC

Street Address/P.O. Box: 10759 Cory Lake Drive

|             |           |                 |
|-------------|-----------|-----------------|
| City: Tampa | State: FL | Zip Code: 33647 |
|-------------|-----------|-----------------|

|                   |  |   |
|-------------------|--|---|
| Web site Address: | Fax Number (include area code): 8132372756 | Telephone (include area code): 8133523569 |
|-------------------|--|---|

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): |
|-------------------|---------------------------------|--------------------------------|



RCW1600754215

maginger 1924A 01/07/2016

**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 |
|-----------------------------------|--|---------------------------|
|                                   |  |                           |

- 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:<br>Commercial and Industrial Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|  |   |   |
| b. Industry Category Title:<br>Nursing Care Facility                           |   | NAICS Code for the Industry Category<br>6 2 3 1 1 0 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|  |   |   |
| c. Industry Category Title:<br>Home Health Services                            |   | NAICS Code for the Industry Category<br>6 2 1 6 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:<br><br>(b)(4)   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:<br><input type="checkbox"/> <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.

|  |  |                                       |                  |
|--|--|---------------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b>       |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br><input type="text"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>               |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b>       |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br><input type="text"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>               |                  |

|   |  |                                       |                  |
|---|--|---------------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>       |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b><br><input type="text"/> | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>     |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b>       |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b><br><input type="text"/> | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                |                 |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                       |                  |
|--|--|---------------------------------------|------------------|
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b>       |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br><input type="text"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>               |                  |

|   |  |                                       |                  |
|---|--|---------------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>       |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b><br><input type="text"/> | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>     |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b>       |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br><input type="text"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>               |                  |

|  |  |                                       |                  |
|--|--|---------------------------------------|------------------|
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b>       |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br><input type="text"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>               |                  |

**Part 3. Information About the Regional Center (Continued)**

|                                    |   |                                    |           |
|------------------------------------|---|------------------------------------|-----------|
| d. Name of Commercial Enterprise:  |   | Industry Category Title:           |           |
| Address (Street Number and Name):  | City:                                       | State:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Louie G. Macalinao | <b>Date (mm/dd/yyyy)</b><br>12/29/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>8133523569  | <b>E-Mail Address</b><br>wpgh@aol.com                  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC24 19:46  
924A

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>HADDAD GIORGI                             | First<br>Gabriel                               | Middle<br>Miguel                                     |
| In Care Of: American Vision Regional Center             |  |  |
| Street Address/P.O. Box: 4900 Woodway Drive, Suite 1110 |  |  |
| City: Houston (b)(6)                                    | State: Texas                                   | Zip Code: 77056                                      |
| Date of Birth (mm/dd/yyyy)                              | Fax Number (include area code): (713) 228-1303 | Telephone Number (include area code): (713) 791-4278 |
| Web site address: www.americanvisioneb5.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:** American Vision Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 4900 Woodway Drive, Suite 1110 |  |   |
| City: Houston   | State: Texas                                   | Zip Code: 77056                               |
| Web site Address: www.americanvisioneb5.com             | Fax Number (include area code): (713) 228-1303 | Telephone (include area code): (713) 791-4278 |

**B. Name of Managing Company/Agency:** B US Developer, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 4900 Woodway Drive, Suite 1110 |  |   |
| City: Houston   | State: Texas                                   | Zip Code: 77056                               |
| Web site Address:                                       | Fax Number (include area code): (713) 529-7578 | Telephone (include area code): (713) 529-7375 |

**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): |



**RCW1536354005**

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Non-Residential Building Construction |   | NAICS Code for the Industry Category<br><u>2 6 3 2</u> |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |
| [Redacted]   |   |  |

|  |   |  |
|--|---|--|
| b. Industry Category Title:<br>Hotels (except Casino Hotels) |   | NAICS Code for the Industry Category<br><u>7 2 1 1 1</u> |
| Aggregate EB-5 Capital Investment:                           | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                               |
| [Redacted]   |   |  |

|  |   |  |
|--|---|--|
| c. Industry Category Title:<br>Automotive Equipment Rental and Leasing |   | NAICS Code for the Industry Category<br><u>5 3 2 1</u> |
| Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |
| [Redacted]   |   |  |

- 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:<br>N/A  |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City: (b)(4)                                | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

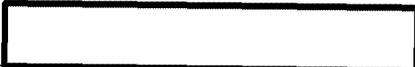
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

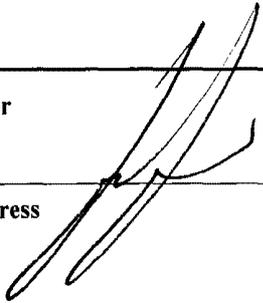
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br>        | <b>Printed Name of Applicant</b><br>Gabriel Miguel HADDAD GIORGI   | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(713) 625-9224   | <b>E-Mail Address</b><br> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Vice President and Secretary |  |  |

**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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>John W. Meyer / Houston R. Harris | <b>Date (mm/dd/yyyy)</b><br>12/23/15              |
| <b>Firm Name and Address</b><br>Foster LLP<br>600 Travis Street, 20th Floor, Houston, Texas 77002, USA              |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(713) 625-9224   | <b>Fax Number (Area/Country Codes)</b><br>(713) 228-1303             | <b>E-Mail Address</b><br>hharris@fosterglobal.com |

**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<br>Rael | First<br>Graeme | Middle |
|--------------------|-----------------|--------|

In Care Of: Build America Capital Partners Regional Center

Street Address/P.O. Box: 1941 Mountain Avenue, Third Floor

|               |        |           |                 |
|---------------|--------|-----------|-----------------|
| City: Oakland | (b)(6) | State: CA | Zip Code: 94611 |
|---------------|--------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 9494749828 | Telephone Number (include area code): 2146134711 |
|----------------------------|--|--|

Web site address: www.raelcorp.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) SEE ATTACHMENT (EXHIBIT A)

**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: Build America Capital Partners Regional Center

|  |  |   |  |
|--|--|---|--|
| Street Address/P.O. Box: 1941 Mountain Avenue, Third Floor |  |   |  |
| City: Oakland  | State: CA                                  | Zip Code: 94611                           |  |
| Web site Address: www.raelcorp.com                         | Fax Number (include area code): 9494749828 | Telephone (include area code): 2146134711 |  |

B. Name of Managing Company/Agency: LG Management, LLC

|  |  |   |  |
|--|--|---|--|
| Street Address/P.O. Box: 1941 Mountain Avenue, Third Floor |  |   |  |
| City: Oakland  | State: CA                                  | Zip Code: 94611                           |  |
| Web site Address: www.raelcorp.com                         | Fax Number (include area code): 9494749828 | Telephone (include area code): 2146134711 |  |

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                | Fax Number (include area code): n/a | Telephone (include area code): n/a |  |



RCW1535753878

REC'D CSC 150623 10:23 0755

**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<br>N/A (SEE ATTACHED EXHIBIT B) | Aggregate Direct and Indirect Job Creation<br>N/A (SEE ATTACHED EXHIBIT B) | Aggregate Jobs Maintained<br>N/A (SEE ATTACHMENT EXHIBIT B) |
|---|--|---|

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:<br>N/A        |  | NAICS Code for the Industry Category<br>N/A   |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A             |
| b. Industry Category Title:               |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:        | Aggregate Direct and Indirect Job Creation:        | Aggregate Jobs Maintained:                    |
|   |  |   |
| c. Industry Category Title:               |  | NAICS Code for the Industry Category<br>_____ |
| 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:<br>N/A   |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A   | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A  | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |           |
| Address (Street Number and 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 |
| (b)(4)                                 |        |         |
| [Redacted]                             |        |         |

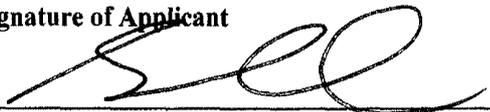
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| (b)(4)                                 |        |         |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>                 | <b>Printed Name of Applicant</b><br>Graeme Rael | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>2146134711  | <b>E-Mail Address</b><br>graeme@raelcorp.com    |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President 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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Lau | First | Middle |
|-------------------|-------|--------|

In Care Of:

Street Address/P.O. Box: 1001 Airport Blvd

|                             |           |                 |
|-----------------------------|-----------|-----------------|
| City: Morrisville<br>(b)(6) | State: NC | Zip Code: 27560 |
|-----------------------------|-----------|-----------------|

|                               |                                    |  |
|-------------------------------|------------------------------------|--|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): | Telephone Number<br>(include area code): |
|-------------------------------|------------------------------------|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1215750679

**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: Carolina EB-5 RTP Regional Center, LLC

Street Address/P.O. Box: 1001 Airport Blvd

|  |   |  |
|--|---|--|
| City: Morrisville                        | State: NC   | Zip Code: 27560                                  |
| Web site<br>Address: www.carolinaeb5.com | Fax Number<br>(include area code): (855) 932-5787 | Telephone<br>(include area code): (855) 932-5787 |

B. Name of Managing Company/Agency: RTP Investors Group, LLC

Street Address/P.O. Box: 1001 Airport Blvd

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City: Morrisville    | State: NC                          | Zip Code: 27560                   |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1600554154**

egarcia2 1924A 12/30/2015

RCW 1600554154 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 |
|-----------------------------------|--|---------------------------|
|                                   |  |                           |

- 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:<br>Full-Service Restaurants |   | NAICS Code for the Industry Category<br>7 2 2 1 1 0 |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br><br>(b)(4)               |   | NAICS Code for the Industry Category<br>_ _ _ _ _   |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:                             |   | NAICS Code for the Industry Category<br>_ _ _ _ _   |
| 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 |
| (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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Matthew Lau      | <b>Date (mm/dd/yyyy)</b><br>12/27/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(855) 932-5787  | <b>E-Mail Address</b><br>matthew.lau@carolinaeb5.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b>                          |  |  |

**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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>XU | First<br>John | Middle<br>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): |



RCW1531753437

egarcia2 I924A 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.

- (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:<br>NONRESIDENTIAL BUILDING CONSTRUCTION |  | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:<br>0                             | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                 |
| b. Industry Category Title:   |  | NAICS Code for the Industry Category<br>_____   |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation:      | Aggregate Jobs Maintained:                      |
| c. Industry Category Title:   |  | NAICS Code for the Industry Category<br>_____   |
| 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:<br>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?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                  |                          |          |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name:                |                                  | Industry Category Title: |          |
| Address (Street Number and 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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.)

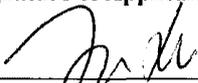
(b)(4)

| 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**.

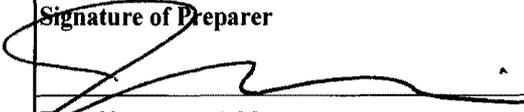
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>JOHN J. XU | <b>Date (mm/dd/yyyy)</b><br>11/10/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 737-5888  | <b>E-Mail Address</b><br>JUNXU76@GMAIL.COM     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>             | <b>Printed Name of Preparer</b><br>Melissa J. Tsai, Esq. | <b>Date (mm/dd/yyyy)</b><br>11/10/2015           |
| <b>Firm Name and Address</b><br>J&C International Group, LLC<br>17700 Castleton Street, Suite 128<br>City of Industry, CA 91748 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 737-5888   | <b>Fax Number (Area/Country Codes)</b><br>(626) 737-5886 | <b>E-Mail Address</b><br>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<br>Wu | First<br>Juan | Middle |
|------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: 6525 Morrison Blvd. Suite 402

|                 |        |           |                 |
|-----------------|--------|-----------|-----------------|
| City: Charlotte | (b)(6) | State: NC | Zip Code: 28211 |
|-----------------|--------|-----------|-----------------|

|                               |                                    |   |
|-------------------------------|------------------------------------|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): | Telephone Number<br>(include area code): (704) 962-2936 |
|-------------------------------|------------------------------------|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1231850804

**Part 2. Application Type (check 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: Carolina States Regional Center, LLC

|  |                                    |  |  |
|--|------------------------------------|--|--|
| Street Address/P.O. Box: 6525 Morrison Blvd. Suite 402 |                                    |  |  |
| City: Charlotte  | State: NC                          | Zip Code: 28211                                  |  |
| Web site<br>Address: www.csrceb5.com                   | Fax Number<br>(include area code): | Telephone<br>(include area code): (828) 490-4420 |  |

B. Name of Managing Company/Agency: NA

|                          |                                    |                                   |  |
|--------------------------|------------------------------------|-----------------------------------|--|
| Street Address/P.O. Box: |                                    |                                   |  |
| City:                    | State:                             | Zip Code:                         |  |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |  |

C. Name of Other Agent: NA

|                          |                                    |                                   |  |
|--------------------------|------------------------------------|-----------------------------------|--|
| Street Address/P.O. Box: |                                    |                                   |  |
| City:                    | State:                             | Zip Code:                         |  |
| Web site                 | Fax Number<br>(include area code): | Telephone<br>(include area code): |  |



**RCW1536454034**

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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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        | [Redacted]                                 | NA                        |

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:<br>Architectural, Engineering & Related Services |   | NAICS Code for the Industry Category<br>5 4 1 3 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   | [Redacted]                                  | NA  |  |
| b. Industry Category Title:<br>Residential Building Construction             |   | NAICS Code for the Industry Category<br>2 3 6 1 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   | [Redacted]                                  | NA  |  |
| c. Industry Category Title:<br>Lessors of Real Estate                        |   | NAICS Code for the Industry Category<br>5 3 1 1 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]   | [Redacted]                                  | NA  |  |

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:<br>UCC FUND I, L.P.  |   | Industry Category Title:<br>Residential Building Construction |                    |
| Address (Street Number and Name):<br>6525 Morrison Blvd. Suite 4   | City:<br>Charlotte                          | State:<br>NC  | Zip Code:<br>28211 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                    |                    |
| [Redacted]   | [Redacted]                                  | 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.

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(1) Business Name:</b><br>University City Community, LLC               |  | <b>Industry Category Title:</b><br>Residential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>6525 Morrison Blvd. Suite 402 | <b>City:</b><br>Charlotte                | <b>State:</b><br>NC  | <b>Zip Code:</b><br>28211 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                                 | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>NA  |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                                      |                           |
| <b>Address (Street Number and Name):</b>                                  | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>CSRC Fund II, LP            |  | <b>Industry Category Title:</b><br>Nonresidential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>6525 Morrison Blvd. STE 402 | <b>City:</b><br>Charlotte                          | <b>State:</b><br>NC   | <b>Zip Code:</b><br>28211 |
| <b>Aggregate EB-5 Capital Investment:</b><br>(b)(4)                     | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>(1) Business Name:</b><br>Ballantyne Village Hotels, LLC             |   | <b>Industry Category Title:</b><br>Nonresidential Building construction |                           |
| <b>Address (Street Number and Name):</b><br>6525 Morrison Blvd. STE 402 | <b>City:</b><br>Charlotte               | <b>State:</b><br>NC   | <b>Zip Code:</b><br>28211 |
| <b>EB-5 Capital Investment</b><br>(b)(4)                                | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b><br>NA  |                           |

(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?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Juan Wu   | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>7049622936   | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Pasarell, Jr.                       |  | First<br>Charles                                   | Middle<br>M.    |
| In Care Of:                                       |  |  |                 |
| Street Address/P.O. Box: P.O. Box 2599            |  |  |                 |
| City: Isabela                                     | (b)(6)                                       | State: PR  | Zip Code: 00662 |
| Date of Birth (mm/dd/yyyy)                        | Fax Number (include area code): 786-664-3388 | Telephone Number (include area code): 760-485-1149 |                 |
| Web site address: www.caribbeanregionalcenter.com |  |  |                 |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1323951202

**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 Regional Center

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: P.O. Box 2599            |  |   |  |
| City: Isabela                                     | State: PR                                    | Zip Code: 00662                             |  |
| Web site Address: www.caribbeanregionalcenter.com | Fax Number (include area code): 786-664-3388 | Telephone (include area code): 760-485-1149 |  |

**B. Name of Managing Company/Agency:** Charles M. Pasarell, Jr.

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: P.O. Box 2599            |  |   |  |
| City: Isabela                                     | State: PR                                    | Zip Code: 00662                             |  |
| Web site Address: www.caribbeanregionalcenter.com | Fax Number (include area code): 786-664-3388 | Telephone (include area code): 760-485-1149 |  |

**C. Name of Other Agent:** Joaquin Lopez

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: P.O. Box 2599            |  |   |  |
| City: Isabela                                     | State: PR                                    | Zip Code: 00662                             |  |
| Web site Address: www.caribbeanregionalcenter.com | Fax Number (include area code): 786-664-3388 | Telephone (include area code): 787-717-5180 |  |



**RCW1535253741**

egarcia2 1924A 12/18/2015

REC'D 09/15/15 16:53 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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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<br><i>Charles M. Pasarell Jr.</i>  | Printed Name of Applicant<br>CHARLES M. PASARELL JR. | Date (mm/dd/yyyy)<br>Dec 8, 2015  |
| Daytime Phone Number<br>(Area/Country Codes)<br>(760) 485-1149                                  | (b)(6)   | E-Mail Address<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)<br>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<br><i>Robert C. Divine</i>   | Printed Name of Preparer<br>Robert C. Divine      | Date (mm/dd/yyyy)<br>12/10/2015             |
| Firm Name and Address<br>Baker Donelson Bearman Caldwell & Berkowitz, P.C.<br>633 Chestnut Street, 1900 Republic Centre, Chattanooga, Tennessee 37450, USA |   |   |
| Daytime Phone Number<br>(Area/Country Codes)<br>(423) 752-4416   | Fax Number (Area/Country Codes)<br>(423) 752-9533 | E-Mail Address<br>rdivine@bakerdonelson.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/15DEC24 19:34  
5326

**Part 1. Information About Principal of the Regional Center**

|   |                                    |   |
|---|------------------------------------|---|
| Name: Last<br>Kenny                                       | First<br>Garrett                   | Middle  |
| In Care Of: Central Florida EB5 Regional Center LLC       |                                    |   |
| Street Address/P.O. Box: 116 Polo Park East Blvd          |                                    |   |
| City: Davenport   | (b)(6)                             | State: FL   |
|   |                                    | Zip Code: 33897                                     |
| Date of Birth<br>(mm/dd/yyyy)                             | Fax Number<br>(include area code): | Telephone Number<br>(include area code): 8633534853 |
|   |                                    |   |
| Web site address: www.centralfloridaeb5regionalcenter.com |                                    |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1330451257

**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 Florida EB5 Regional Center LLC

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: 116 Polo Park East Blvd |                                 |   |
| City: Davenport                                  | State: FL                       | Zip Code: 33897                           |
| Web site Address: as above                       | Fax Number (include area code): | Telephone (include area code): 8633534853 |

**B. Name of Managing Company/Agency:** Central Florida EB5 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 Address:        | Fax Number (include area code): | Telephone (include area code): |



**RCW1536354002**

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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:<br>none |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:         |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:         |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>n/a         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b><br>n/a          |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>n/a |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>n/a         |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>n/a         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>n/a |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>n/a         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>n/a         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**Part 3. Information About the Regional Center (Continued)**

|   |   |                            |           |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise:<br>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:<br>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:<br>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:<br>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:<br>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:<br>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)                                 |        |         |

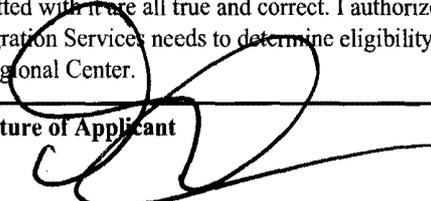
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Garrett Kenny | <b>Date (mm/dd/yyyy)</b><br>12/22/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>8633534853  | <b>E-Mail Address</b>                             |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Mann | First<br>Elizabeth | Middle |
|--------------------|--------------------|--------|

In Care Of: Central Arizona Regional Center

Street Address/P.O. Box: 7047 E. Greenway Pkwy., Suite 160

|                  |        |           |                 |
|------------------|--------|-----------|-----------------|
| City: Scottsdale | (b)(6) | State: AZ | Zip Code: 85254 |
|------------------|--------|-----------|-----------------|

|                                |   |   |
|--------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): (602) 457-6779 | Telephone Number<br>(include area code): (480) 525-8138 |
|--------------------------------|---|---|

Web site address: <http://azeb5.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:** Central Arizona Regional Center

Street Address/P.O. Box: 7047 E. Greenway Pkwy., Suite 160

|  |   |  |
|--|---|--|
| City: Scottsdale   | State: AZ   | Zip Code: 85254                                  |
| Web site <a href="http://azeb5.com">http://azeb5.com</a><br>Address: | Fax Number<br>(include area code): (602) 457-6779 | Telephone<br>(include area code): (480) 525-8138 |

**B. Name of Managing Company/Agency:** AZ Sourcing LLC

Street Address/P.O. Box: 7047 E. Greenway Pkwy., Suite 190

|  |   |  |
|--|---|--|
| City: Scottsdale   | State: AZ   | Zip Code: 85254                                  |
| Web site <a href="http://azsourcing.com">http://azsourcing.com</a><br>Address: | Fax Number<br>(include area code): (602) 457-6779 | Telephone<br>(include area code): (480) 525-8138 |

**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 | Fax Number<br>(include area code): N/A | Telephone<br>(include area code): N/A |



**RCW1600454105**

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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:<br>Real Estate  |  | NAICS Code for the Industry Category<br>5 3 1 1 |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation:        | Aggregate Jobs Maintained:<br>N/A               |
| b. Industry Category Title:<br>Warehouse    |  | NAICS Code for the Industry Category<br>4 9 3 1 |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A               |
| c. Industry Category Title:<br>Construction |  | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>PhoenixMart LLC   |   | Industry Category Title:<br>531000 |                    |
| Address (Street Number and Name):<br>7047 E. Greenway Pkwy, #190   | City:<br>Scottsdale                         | State:<br>AZ                       | Zip Code:<br>85254 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                        |
|---|--|--|------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                        |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b>                          | <b>Zip Code</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A          |                        |

**Part 3. Information About the Regional Center (Continued)**

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

**Part 3. Information About the Regional Center (Continued)**

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address Street Number and Name:</b><br>N/A    | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>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 |
| [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.)

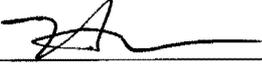
(b)(4)

| 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**.

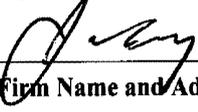
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br>  | <b>Printed Name of Applicant</b><br>Elizabeth Mann | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(602) 663-9219   | <b>E-Mail Address</b><br>emann@azsourcing.com      |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Managing Member, AZ Sourcing, LLC, managing member, Central 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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Jason Cupo            | <b>Date (mm/dd/yyyy)</b><br>12/28/2015        |
| <b>Firm Name and Address</b><br>AZ Sourcing LLC<br>7047 E. Greenway Pkwy., Suite 190<br>Scottsdale, AZ 85254        |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(480) 525-8138   | <b>Fax Number (Area/Country Codes)</b><br>(602) 457-6779 | <b>E-Mail Address</b><br>jcupo@azsourcing.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<br>Navarro | First<br>Stephen | Middle<br>Paul |
|-----------------------|------------------|----------------|

In Care Of: Carolina Center for Foreign Investment

Street Address/P.O. Box: 101 North Main Street, Suite 1400

|                  |        |           |                 |
|------------------|--------|-----------|-----------------|
| City: Greenville | (b)(6) | State: SC | Zip Code: 29601 |
|------------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (864) 233-9878 | Telephone Number<br>(include area code): (864) 527-6024 |
|-------------------------------|---|---|

Web site address: www.CCFIRC.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910103

**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:** Carolina Center for Foreign Investment, LLC

Street Address/P.O. Box: P.O. Box 2487

|                                     |   |  |
|-------------------------------------|---|--|
| City: Greenville                    | State: SC   | Zip Code: 29602                                  |
| Web site<br>Address: www.CCFIRC.com | Fax Number<br>(include area code): (864) 233-9878 | Telephone<br>(include area code): (864) 527-6024 |

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

  
**RCW1600554140**  
maginger 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.”)

(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:<br>Transportation Equipment Manufacturing |   | NAICS Code for the Industry Category<br>3 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:

(b)(4)

|  |   |  |                    |
|--|---|--|--------------------|
| a. Name of Commercial Enterprise:<br>Carolina Regional Center Fund X, LP   |   | Industry Category Title:<br>Transportation Equipment Manufacturing |                    |
| Address (Street Number and Name):<br>101 North Main St. Ste 1400   | City:<br>Greenville                         | State:<br>SC   | Zip Code:<br>29601 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:   |                    |
|  |   |  |                    |
| Does this EB-5 commercial enterprise serve as a 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)

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Proterra, Inc.               |  | <b>Industry Category Title:</b><br>Transportation Equipment Manufacturing |                           |
| <b>Address (Street Number and Name):</b><br>1 Whitlee Ct. | <b>City:</b><br>Greenville               | <b>State:</b><br>SC   | <b>Zip Code:</b><br>29607 |
| <b>EB-5 Capital Investment:</b><br>[Redacted]             | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
| <b>(2) Business Name</b>                                  |  | <b>Industry Category Title:</b>   |                           |
| <b>Address (Street Number and Name):</b>                  | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                           | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b><br>SC               | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b><br>FL             | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>c. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name:</b>         |                                   | 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**.

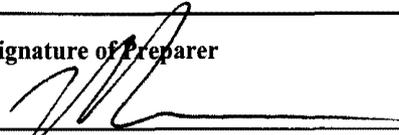
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Stephen P. Navarro | <b>Date (mm/dd/yyyy)</b><br>12/28/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(864) 527-6024  | <b>E-Mail Address</b><br>snavarro@furmanco.com         |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |   |  |
|--|---|--|
| <b>Signature of Preparer</b><br>              | <b>Printed Name of Preparer</b><br>Ming Lee | <b>Date (mm/dd/yyyy)</b><br>12/14/2015   |
| <b>Firm Name and Address</b><br>Carolina Center for Foreign Investment<br>101 North Main St. Suite 1400<br>Greenville, SC, 29601 |   |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(864) 527-6024  | <b>Fax Number (Area/Country Codes)</b>      | <b>E-Mail Address</b><br>mlee@ccfirc.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15SEP28 2015

**Part 1. Information About Principal of the Regional Center**

|                       |               |                 |
|-----------------------|---------------|-----------------|
| Name: Last<br>Quiring | First<br>Paul | Middle<br>Keith |
|-----------------------|---------------|-----------------|

In Care Of: MONTRIO CAPITAL PARTNERS, LLC

Street Address/P.O. Box: 5118 East Clinton Way, Suite 201

|              |        |           |                 |
|--------------|--------|-----------|-----------------|
| City: Fresno | (b)(6) | State: CA | Zip Code: 93727 |
|--------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (559) 432-6614 | Telephone Number<br>(include area code): (559) 432-2800 |
|-------------------------------|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1315151153/ID1315151153

**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 CALIFORNIA REGIONAL CENTER, LLC

Street Address/P.O. Box: 5118 East Clinton Way, Suite 201

|                   |  |   |
|-------------------|--|---|
| City: Fresno      | State: CA                                      | Zip Code: 93727                               |
| Web site Address: | Fax Number (include area code): (559) 432-6614 | Telephone (include area code): (559) 432-2800 |

**B. Name of Managing Company/Agency:** MONTRIO CAPITAL PARTNERS, LLC

Street Address/P.O. Box: 5118 East Clinton Way, Suite 201

|                   |  |   |
|-------------------|--|---|
| City: Fresno      | State: CA                                      | Zip Code: 93727                               |
| Web site Address: | Fax Number (include area code): (559) 432-6614 | Telephone (include area code): (559) 432-2800 |

**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): |



**RCW1527553350**

egarcia2 1924A 09/28/2015

**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”.)

|  |   |   |
|--|---|---|
| a. Industry Category Title:<br>Not Applicable        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>Not Applicable | Aggregate Direct and Indirect Job Creation:<br>Not Applicable | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:<br>Not Applicable        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>Not Applicable | Aggregate Direct and Indirect Job Creation:<br>Not Applicable | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:<br>Not Applicable        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>Not Applicable | Aggregate Direct and Indirect Job Creation:<br>Not Applicable | 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:<br>Not Applicable  |   | Industry Category Title:<br>Not Applicable   |           |
| Address (Street Number and Name):<br>Not Applicable  | City:<br>Not Applicable                                       | State:                                       | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>Not Applicable   | Aggregate Direct and Indirect Job Creation:<br>Not Applicable | Aggregate Jobs Maintained:<br>Not Applicable |           |
| Does this EB-5 commercial 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:<br>Not Applicable                |   | Industry Category Title:<br>Not Applicable |           |
| Address (Street Number and Name):<br>Not Applicable | City:<br>Not Applicable                             | State:                                     | Zip Code: |
| EB-5 Capital Investment:<br>Not Applicable          | Direct and Indirect Job Creation:<br>Not Applicable | Jobs Maintained:<br>Not Applicable         |           |
| (2) Business Name<br>Not Applicable                 |   | Industry Category Title:<br>Not Applicable |           |
| Address (Street Number and Name):<br>Not Applicable | City:<br>Not Applicable                             | State:                                     | Zip Code: |
| EB-5 Capital Investment:<br>Not Applicable          | Direct and Indirect Job Creation:<br>Not Applicable | Jobs Maintained:<br>Not Applicable         |           |

|  |   |  |           |
|--|---|--|-----------|
| b. Name of Commercial Enterprise:<br>Not Applicable  |   | Industry Category Title:<br>Not Applicable   |           |
| Address (Street Number and Name):<br>Not Applicable  | City:<br>Not Applicable                                       | State:                                       | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>Not Applicable | Aggregate Direct and Indirect Job Creation:<br>Not Applicable | Aggregate Jobs Maintained:<br>Not Applicable |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|   |  |  |           |
|---|--|--|-----------|
| (1) Business Name:<br>Not Applicable                |  | Industry Category Title:<br>Not Applicable |           |
| Address (Street Number and Name):<br>Not Applicable | City:<br>Not Applicable                            | State:                                     | Zip Code: |
| EB-5 Capital Investment<br>Not Applicable           | Direct and Indirect Job Creation<br>Not Applicable | Jobs Maintained<br>Not Applicable          |           |

**Part 3. Information About the Regional Center (Continued)**

|   |   |  |           |
|---|---|--|-----------|
| (2) Business Name:<br>Not Applicable                |   | Industry Category Title:<br>Not Applicable |           |
| Address (Street Number and Name):<br>Not Applicable | City:<br>Not Applicable                             | State:                                     | Zip Code: |
| EB-5 Capital Investment:<br>Not Applicable          | Direct and Indirect Job Creation:<br>Not Applicable | Jobs Maintained:<br>Not Applicable         |           |

|  |   |  |           |
|--|---|--|-----------|
| c. Name of Commercial Enterprise:<br>Not Applicable  |   | Industry Category Title:<br>Not Applicable   |           |
| Address (Street Number and Name):<br>Not Applicable  | City:<br>Not Applicable                                       | State:                                       | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>Not Applicable | Aggregate Direct and Indirect Job Creation:<br>Not Applicable | Aggregate Jobs Maintained:<br>Not Applicable |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|   |   |  |           |
|---|---|--|-----------|
| (1) Business Name:<br>Not Applicable                |   | Industry Category Title:<br>Not Applicable |           |
| Address (Street Number and Name):<br>Not Applicable | City:<br>Not Applicable                             | State:                                     | Zip Code: |
| EB-5 Capital Investment:<br>Not Applicable          | Direct and Indirect Job Creation:<br>Not Applicable | Jobs Maintained:<br>Not Applicable         |           |

|   |   |  |           |
|---|---|--|-----------|
| (2) Business Name:<br>Not Applicable                |   | Industry Category Title:<br>Not Applicable |           |
| Address (Street Number and Name):<br>Not Applicable | City:<br>Not Applicable                             | State:                                     | Zip Code: |
| EB-5 Capital Investment:<br>Not Applicable          | Direct and Indirect Job Creation:<br>Not Applicable | Jobs Maintained:<br>Not Applicable         |           |

**Part 3. Information About the Regional Center (Continued)**

|  |   |  |           |
|--|---|--|-----------|
| d. Name of Commercial Enterprise:<br>Not Applicable  |   | Industry Category Title:<br>Not Applicable   |           |
| Address (Street Number and Name):<br>Not Applicable  | City:<br>Not Applicable                                       | State:                                       | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>Not Applicable   | Aggregate Direct and Indirect Job Creation:<br>Not Applicable | Aggregate Jobs Maintained:<br>Not Applicable |           |
| Does this EB-5 commercial 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:<br>Not Applicable   |   | Industry Category Title:<br>Not Applicable   |           |
| Address (Street Number and Name):<br>Not Applicable  | City:<br>Not Applicable                                       | State:                                       | Zip Code: |
| EB-5 Capital Investment:<br>Not Applicable   | Direct and Indirect Job Creation:<br>Not Applicable           | Jobs Maintained:<br>Not Applicable           |           |
| (2) Business Name:<br>Not Applicable   |   | Industry Category Title:<br>Not Applicable   |           |
| Address (Street Number and Name):<br>Not Applicable  | City:<br>Not Applicable                                       | State:                                       | Zip Code: |
| EB-5 Capital Investment:<br>Not Applicable   | Direct and Indirect Job Creation:<br>Not Applicable           | Jobs Maintained:<br>Not Applicable           |           |
| e. Name of Commercial Enterprise:<br>Not Applicable  |   | Industry Category Title:<br>Not Applicable   |           |
| Address Street Number and Name:<br>Not Applicable  | City:<br>Not Applicable                                       | State:                                       | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>Not Applicable   | Aggregate Direct and Indirect Job Creation:<br>Not Applicable | Aggregate Jobs Maintained:<br>Not Applicable |           |
| Does this EB-5 commercial 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.

|  |  |   |                  |
|--|--|---|------------------|
| <b>(1) Business Name:</b><br>Not Applicable                |  | <b>Industry Category Title:</b><br>Not Applicable |                  |
| <b>Address (Street Number and Name):</b><br>Not Applicable | <b>City:</b><br>Not Applicable                             | <b>State:</b>                                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>Not Applicable          | <b>Direct and Indirect Job Creation:</b><br>Not Applicable | <b>Jobs Maintained:</b><br>Not Applicable         |                  |
| <b>(2) Business Name:</b><br>Not Applicable                |  | <b>Industry Category Title:</b><br>Not Applicable |                  |
| <b>Address (Street Number and Name):</b><br>Not Applicable | <b>City:</b><br>Not Applicable                             | <b>State:</b>                                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b><br>Not Applicable          | <b>Direct and Indirect Job Creation:</b><br>Not Applicable | <b>Jobs Maintained:</b><br>Not Applicable         |                  |

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.)

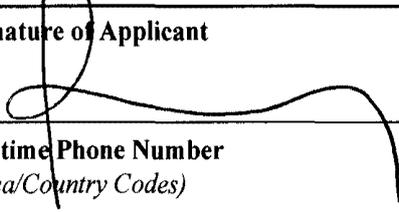
(b)(4)

| 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**.

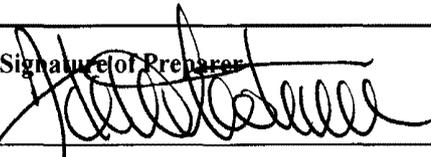
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Paul Quiring | <b>Date (mm/dd/yyyy)</b><br>09/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(559) 432-2800  | <b>E-Mail Address</b><br>pquiring@quiring.com    |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |   |
|--|--|---|
| <b>Signature of Preparer</b><br>  | <b>Printed Name of Preparer</b><br>J. Kenneth Motschiedler | <b>Date (mm/dd/yyyy)</b><br>09/21/2015    |
| <b>Firm Name and Address</b><br>QUIRING GENERAL, LLC<br>5118 East Clinton Way, Suite 201<br>Fresno, California 93727 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(559) 432-2800  | <b>Fax Number (Area/Country Codes)</b><br>(559) 432-6614   | <b>E-Mail Address</b><br>kmot@quiring.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<br>Wang | First<br>Randy | Middle |
|--------------------|----------------|--------|

In Care Of:

Street Address/P.O. Box: 1005 E. Las Tunas Drive #505

|                          |                   |                 |
|--------------------------|-------------------|-----------------|
| City: San Gabriel (b)(6) | State: California | Zip Code: 91776 |
|--------------------------|-------------------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 626-371-0489 | Telephone Number (include area code): 626-905-9142 |
|----------------------------|--|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001690

**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 Pacific Group Regional Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1005 E. Las Tunas Drive #505 |  |   |
| City: San Gabriel                                     | State: California                            | Zip Code: 91776                             |
| Web site Address:                                     | Fax Number (include area code): 626-371-0489 | Telephone (include area code): 626-905-9142 |

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): |



**RCW1534253533**

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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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| b. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_____       |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_____       |  |
| 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:<br>The Gateway, LP   |   | Industry Category Title:<br>Construction |   |
| Address (Street Number and Name):<br>1005 E. Las Tunas Drive # 505   | City:<br>San Gabriel                        | State:<br>CA                             | Zip Code:<br>91776  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:               |   |
| [Redacted]   |   |  |   |
| Does this EB-5 commercial 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 |
| (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.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br><i>Randy Wang</i>  | <b>Printed Name of Applicant</b><br>Randy Wang | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>626-905-9142   | <b>E-Mail Address</b><br>shunwosi@hotmail.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Chief Executive Officer/ 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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br><i>Robert C. Divine</i>   | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>12/7/2015              |
| <b>Firm Name and Address</b><br>Baker Donelson Bearman Caldwell & Berkowitz, P.C.<br>633 Chestnut Street, 1800 Republic Centre, Chattanooga, Tennessee 37450, USA |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416   | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9533 | <b>E-Mail Address</b><br>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<br>LO  | First<br>LI HUI                              | Middle   |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 34 VIA RUBINO  |  |  |
| City: NEWPORT COAST (b)(6)  | State: CA                                    | Zip Code: 92657                                    |
| Date of Birth (mm/dd/yyyy):   | Fax Number (include area code): 323-585-2786 | Telephone Number (include area code): 323-585-2773 |
| Web site address: californiagreenhousefarm.com  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1114050205 |  |  |

**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: CALIFORNIA GREENHOUSE FARM REGIONAL CENTER

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Street Address/P.O. Box: 17712 ADOBE ROAD |                                 |                                |
| City: BAKERSFIELD                         | State: CA                       | Zip Code: 93307                |
| Web site Address:                         | Fax Number (include area code): | Telephone (include area code): |

B. Name of Managing Company/Agency: KAO & LO, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 34 VIA RUBINO         |  |   |
| City: NEWPORT COAST                            | State: CA                                    | Zip Code: 92657                             |
| Web site Address: californiagreenhousefarm.com | Fax Number (include area code): 323-585-2786 | Telephone (include area code): 323-585-2773 |

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): |



**RCW1534153519**

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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) [Redacted]                 |  |                           |
| *See Attachment "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:<br>GROWING FOOD CROPS (EXCEPT MUSHROOMS) |   | NAICS Code for the Industry Category<br>1 1 1 4 1 9 |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| (b)(4) [Redacted]  |   | N/A   |
| b. Industry Category Title:<br>** See Attachment "A"                 |   | NAICS Code for the Industry Category<br>_____       |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|  |   |   |
| c. Industry Category Title:  |   | NAICS Code for the Industry Category<br>_____       |
| 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:<br>CALIFORNIA GREENHOUSE FARM LIMITED PARTNERSHIP  |   | Industry Category Title:<br>GROWING FOOD CROPS |                    |
| Address (Street Number and Name):<br>17712 ADOBE ROAD  | City:<br>BAKERSFIELD                        | State:<br>CA                                   | Zip Code:<br>93307 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                     |                    |
| (b)(4) [Redacted]  |   | 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:<br>CALIFORNIA GREENHOUSE FARM II LIMITED<br>PARTNERSHIP |   | Industry Category Title:<br>GROWING FOOD CROPS |                    |
| Address (Street Number and Name):<br>17712 ADOBE ROAD                                     | City:<br>BAKERSFIELD                        | State:<br>CA                                   | Zip Code:<br>93307 |
| 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:<br>CALIFORNIA GREEN HOUSE FARM III LIMITED<br>PARTNERSHIP |   | Industry Category Title:<br>GROWING FOOD CROPS |                    |
| Address (Street Number and Name):<br>17712 ADOBE ROAD                                       | City:<br>BAKERSFIELD                        | State:<br>CA                                   | Zip Code:<br>93307 |
| 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)**

(b)(4)

|  |   |  |                    |
|--|---|--|--------------------|
| d. Name of Commercial Enterprise:<br>CALIFORNIA GREEN HOUSE FARM IV LIMITED<br>PARTNERSHIP   |   | Industry Category Title:<br>GROWING FOOD CROPS |                    |
| Address (Street Number and Name):<br>17712 ADOBE ROAD  | City:<br>BAKERSFIELD                                      | State:<br>CA                                   | Zip Code:<br>93307 |
| Aggregate EB-5 Capital Investment:<br>[REDACTED]   | Aggregate Direct and Indirect Job Creation:<br>[REDACTED] | Aggregate Jobs Maintained:<br>[REDACTED]       |                    |
| <p>***** See Attachment "A" *****</p> <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 checked="" 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 |
| [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 compete Part 5.*

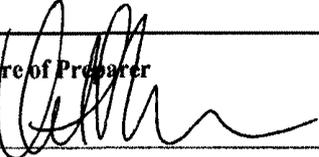
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Li Hui LO               | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>323-585-2773   | <b>E-Mail Address</b><br>kitty@californiagreenhousefarm.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Victor Shum           | <b>Date (mm/dd/yyyy)</b><br>12/01/2015         |
| <b>Firm Name and Address</b><br>Vantage Law Firm<br>430 West Grand Avenue<br>Oakland, CA 94612                      |  |  |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(415) 886-7486  | <b>Fax Number (Area/Country Codes)</b><br>(207) 964-0654 | <b>E-Mail Address</b><br>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 Afshar | First Siavash | Middle |
|-------------------|---------------|--------|

In Care Of: Siavash Afshar

Street Address/P.O. Box: 562 14th Street

|               |   |   |                 |
|---------------|---|---|-----------------|
| City: Oakland | (b)(6)  | State:  | Zip Code: 94612 |
| Date of Birth | Fax Number 510-452-1651<br>(include area code): | Telephone Number 510-452-5555<br>(include area code): |                 |

Web site address: <http://www.californiapacificregionalcenter.com/>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1218050698 / RC ID1218050698

**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 Pacific Regional Center

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Street Address/P.O. Box: 562 14th Street  |                                 |                                |
| City: Oakland   | State: CA                       | Zip Code: 96412                |
| Web site Address: <a href="http://www.californiapacificregionalcenter.com/">http://www.californiapacificregionalcenter.com/</a> | Fax Number (include area code): | 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:                      |
| Web site Address:        | Fax Number (include area code): | Telephone (include area code): |



**RCW1535553778**

egarcia2 1924A 12/21/2015

5338  
REC'D 03/15/2015 14:07

**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 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 |
|-----------------------------------|--|---------------------------|
|                                   |  |                           |

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>a. Industry Category Title:</b> Nonresidential Building Construction             |  | <b>NAICS Code for the Industry Category</b><br>0 0 2 3 6 2 |
| Aggregate EB-5 Capital Investment:<br>0   | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                            |
| <b>b. Industry Category Title:</b> Architectural, Engineering, and Related Services |  | <b>NAICS Code for the Industry Category</b><br>0 0 5 4 1 3 |
| Aggregate EB-5 Capital Investment:<br>0   | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                            |
| <b>c. Industry Category Title:</b>  |  | <b>NAICS Code for the Industry Category</b><br>— — — — —   |
| 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>a. Name of Commercial Enterprise:</b>  |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):   | City:                                       | State:                          | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                 |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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**.

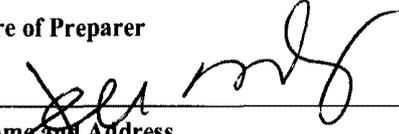
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Siavash Afshar         | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>510-734-7805  | <b>E-Mail Address</b><br>sidafshar@sunfielddevelopment.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b>                          |  |  |

**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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>James C. Wolf       | <b>Date (mm/dd/yyyy)</b><br>12/18/2015     |
| <b>Firm Name and Address</b><br>Lipman & Wolf, LLP<br>1390 Willow Pass Road, Suite 190<br>Concord CA 94520<br>USA   |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>925-771-8181   | <b>Fax Number (Area/Country Codes)</b><br>925-771-8180 | <b>E-Mail Address</b><br>mail@visawolf.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC21 21:36  
5338

**Part 1. Information About Principal of the Regional Center**

|                     |                 |                     |
|---------------------|-----------------|---------------------|
| Name: Last<br>MENDE | First<br>THOMAS | Middle<br>ALEXANDER |
|---------------------|-----------------|---------------------|

In Care Of: N/A

Street Address/P.O. Box: 1297 PROFESSIONAL DRIVE, SUITE 202

|                           |           |                 |
|---------------------------|-----------|-----------------|
| City: MYRTLE BEACH (b)(6) | State: SC | Zip Code: 29577 |
|---------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (843) 626-9629 | Telephone Number (include area code): (843) 298-3220 |
|----------------------------|--|--|

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1226550767/ID1226550767

**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: CAROLINA GROWTH REGIONAL CENTER, LLC

Street Address/P.O. Box: 1297 PROFESSIONAL DRIVE SUITE 202

|                          |  |   |
|--------------------------|--|---|
| City: MYRTLE BEACH       | State: SC                                      | Zip Code: 29577                               |
| Web site N/A<br>Address: | Fax Number (include area code): (843) 626-9629 | Telephone (include area code): (843) 298-3220 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

|                      |                                 |                                |
|----------------------|---------------------------------|--------------------------------|
| City:                | State:                          | Zip Code:                      |
| Web site<br>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<br>Address: | Fax Number (include area code): | Telephone (include area code): |



RCW153553795

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| (1) Business Name:<br>KLAUSNER LUMBER TWO LLC        |                                   | Industry Category Title:<br>Sawmills and Wood Preservation |                    |
| Address (Street Number and Name):<br>260 PIPER LANE, | City:<br>ENFIELD                  | State:<br>NC   | Zip Code:<br>27823 |
| 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 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>THOMAS A MENDE | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>8432983220   | <b>E-Mail Address</b><br>tomende@icloud.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

RCW 1534953654

5326

**Part 1. Information About Principal of the Regional Center**

|                     |                  |        |
|---------------------|------------------|--------|
| Name: Last<br>Patel | First<br>Shashin | Middle |
|---------------------|------------------|--------|

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): (866) 302-1680 | Telephone Number (include area code): (704) 506-3439 |
|----------------------------|--|--|

Web site address: www.cgrc.info

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RC ID 1224250744

**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: Carolina Global Regional Center Corporation

Street Address/P.O. Box: 6501 Colston Court

|                                 |  |   |
|---------------------------------|--|---|
| City: Charlotte                 | State: NC                                      | Zip Code: 28210                               |
| Web site Address: www.CGRC.info | Fax Number (include area code): (866) 302-1680 | Telephone (include area code): (704) 544-8233 |

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: Sid Bhatt

Street Address/P.O. Box: 6501 Colston Court

|                                 |  |   |
|---------------------------------|--|---|
| City: Charlotte                 | State: NC                                      | Zip Code: 28210                               |
| Web site Address: www.CGRC.info | Fax Number (include area code): (866) 302-1680 | Telephone (include area code): (704) 930-8179 |



RCW1534953654

maginger 1924A 12/15/2015

**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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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.

|                                   |                                   |                                 |           |
|-----------------------------------|-----------------------------------|---------------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name): | City:                             | State:                          | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                |           |
| <b>(2) Business Name</b>          |                                   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name): | City:                             | State:                          | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                |           |

|  |   |                                 |           |
|--|---|---------------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):        | City:                                       | State:                          | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | <b>Industry Category Title:</b> |           |
| Address (Street Number and 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

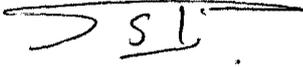
If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (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**.

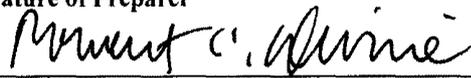
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|   |   |  |
|---|---|--|
| <b>Signature of Applicant</b><br>  | <b>Printed Name of Applicant</b><br>Shashin Patel | <b>Date (mm/dd/yyyy)</b><br>12/03/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(704) 544-8233   | <b>E-Mail Address</b><br>Shashin@cgrc.info        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Partner/ Chief Financial Officer and Chief Operating 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

|  |  |  |
|--|--|--|
| <b>Signature of Preparer</b><br>                                      | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>12/2/2015              |
| <b>Firm Name and Address</b><br>Baker, Donelson, Bearman, Caldwell & Berkowitz, PC<br>1800 Republic Centre, 633 Chestnut Street<br>Chattanooga, TN 37450 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416  | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9533 | <b>E-Mail Address</b><br>rdivine@bakerdonelson.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/ENROLL 10-24

5338

**Part 1. Information About Principal of the Regional Center**

|                  |                 |        |
|------------------|-----------------|--------|
| Name: Last<br>Wu | First<br>Robert | Middle |
|------------------|-----------------|--------|

In Care Of:

Street Address/P.O. Box: 780 Nogales St. #D

|                               |   |   |                 |
|-------------------------------|---|---|-----------------|
| City: City of Industry        | (b)(6)  | State: CA   | Zip Code: 91748 |
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (909) 225-1180 | Telephone Number<br>(include area code): (909) 225-1180 |                 |

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1326051211

**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 One Investment Center, LLC

|   |   |  |  |
|---|---|--|--|
| Street Address/P.O. Box: 780 Nogales St. #D |   |  |  |
| City: City of Industry                      | State: CA   | Zip Code: 91748                                  |  |
| Web site N/A<br>Address:                    | Fax Number<br>(include area code): (909) 225-1180 | Telephone<br>(include area code): (909) 225-1180 |  |

**B. Name of Managing Company/Agency:** California One Investment Center, LLC

|   |   |  |  |
|---|---|--|--|
| Street Address/P.O. Box: 780 Nogales St. #D |   |  |  |
| City: City of Industry                      | State: CA   | Zip Code: 91748                                  |  |
| Web site N/A<br>Address:                    | Fax Number<br>(include area code): (909) 225-1180 | Telephone<br>(include area code): (909) 225-1180 |  |

**C. Name of Other Agent:**

|                          |                                    |                                   |  |
|--------------------------|------------------------------------|-----------------------------------|--|
| Street Address/P.O. Box: |                                    |                                   |  |
| City:                    | State:                             | Zip Code:                         |  |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |  |



**RCW1532053442**

egarcia2 | 924A | 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".)

|        |  |   |   |
|--------|--|---|---|
| (b)(4) | a. Industry Category Title:<br>Warehousing and Storage |   | NAICS Code for the Industry Category<br>4 9 3 |
|        | Aggregate EB-5 Capital Investment:                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|        |  |   |   |

|        |   |   |   |
|--------|---|---|---|
| (b)(4) | b. Industry Category Title:<br>Truck Transportation |   | NAICS Code for the Industry Category<br>4 8 4 |
|        | Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|        |   |   |   |

|        |   |   |   |
|--------|---|---|---|
| (b)(4) | c. Industry Category Title:<br>Freight Transportation Arrangement |   | NAICS Code for the Industry Category<br>4 8 8 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:<br>Trinity Tranche One Funding, LP |   | Industry Category Title:<br>N/A |                    |
|  | Address (Street Number and Name):<br>1142 S. Diamond Bar #357        | City:<br>Diamond Bar                        | State:<br>CA                    | Zip Code:<br>91765 |
|  | Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |                    |
|  |  |   |                                 |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Trinity Logistics Holding (CA), LLC |  | <b>Industry Category Title:</b><br>N/A (*see statement) |  |
|--|--|---|--|

|   |                                  |                     |                           |
|---|----------------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>11811-31 Florence Ave | <b>City:</b><br>Santa Fe Springs | <b>State:</b><br>CA | <b>Zip Code:</b><br>90670 |
|---|----------------------------------|---------------------|---------------------------|

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
| [REDACTED]                      |  |                         |

(b)(4)

|  |  |  |  |
|--|--|--|--|
| <b>(2) Business Name</b><br>O'Neill Logistics (CA) LLC |  | <b>Industry Category Title:</b><br>493 |  |
|--|--|--|--|

|   |                                  |                     |                           |
|---|----------------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>11811-31 Florence Ave | <b>City:</b><br>Santa Fe Springs | <b>State:</b><br>CA | <b>Zip Code:</b><br>90670 |
|---|----------------------------------|---------------------|---------------------------|

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
| [REDACTED]                      |  |                         |

(b)(4)

|  |                                 |
|--|---------------------------------|
| <b>b. Name of Commercial Enterprise:</b> | <b>Industry Category Title:</b> |
|--|---------------------------------|

|  |              |               |                  |
|--|--------------|---------------|------------------|
| <b>Address (Street Number and Name):</b> | <b>City:</b> | <b>State:</b> | <b>Zip Code:</b> |
|--|--------------|---------------|------------------|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
|---|--|-----------------------------------|

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b> |  | <b>Industry Category Title:</b> |  |
|---------------------------|--|---------------------------------|--|

|  |              |               |                  |
|--|--------------|---------------|------------------|
| <b>Address (Street Number and Name):</b> | <b>City:</b> | <b>State:</b> | <b>Zip Code:</b> |
|--|--------------|---------------|------------------|

|                                |   |                        |
|--------------------------------|---|------------------------|
| <b>EB-5 Capital Investment</b> | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b> |
|--------------------------------|---|------------------------|

**Regional Center: California One Investment Center, LLC  
(ID 1326051211)**

**ATTACHMENT TO I-924A, Part 3, Item 3 re Job Creating Business**

|   |                                |
|---|--------------------------------|
| (3) Business Name:<br>O'Neill Logistics Transportation CA LLC | Industry Category Title<br>484 |
|---|--------------------------------|

Address  
11811-31 Florence Ave, Santa Fe Springs, CA 90670

|                         |                         |                |
|-------------------------|-------------------------|----------------|
| EB-5 Capital Investment | Direct and Indirect Job | Job Maintained |
|-------------------------|-------------------------|----------------|



(b)(4)

|   |                                 |
|---|---------------------------------|
| (4) Business Name:<br>O'Neill Global Freight Systems West LLC | Industry Category Title<br>4885 |
|---|---------------------------------|

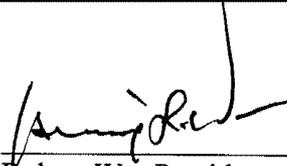
Address  
780 Nogales Street, City of Industry, CA 91748

|                         |                                  |                |
|-------------------------|----------------------------------|----------------|
| EB-5 Capital Investment | Direct and Indirect Job Creation | Job Maintained |
|-------------------------|----------------------------------|----------------|



(b)(4)

Date: 11/6/2015

  
 Robert Wu, President  
 California One Investment Center, LLC

**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)                                 |        |         |

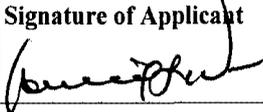
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Robert Wu        | <b>Date (mm/dd/yyyy)</b><br>11/06/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(909) 225-1180  | <b>E-Mail Address</b><br>robertw@quartzlogistics.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br>       | <b>Printed Name of Preparer</b><br>Steve Qi              | <b>Date (mm/dd/yyyy)</b><br>11/06/2015      |
| <b>Firm Name and Address</b><br>Law Office of Steve Qi & Associates<br>388 E. Valley Blvd., Suite 200, Alhambra, CA 91801 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 282-9878   | <b>Fax Number (Area/Country Codes)</b><br>(626) 282-8968 | <b>E-Mail Address</b><br>steveqi@sqilaw.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC15NOV 3 19:17

**Part 1. Information About Principal of the Regional Center**

|                            |                    |        |
|----------------------------|--------------------|--------|
| Name: Last <b>Ranchhod</b> | First <b>Rohit</b> | Middle |
|----------------------------|--------------------|--------|

In Care Of:

Street Address/P.O. Box: **12393 N. Highway 99**

|   |                  |                        |
|---|------------------|------------------------|
| City: <b>Lodi</b> <span style="float:right">(b)(6)</span> | State: <b>CA</b> | Zip Code: <b>95240</b> |
|---|------------------|------------------------|

|  |  |  |
|--|--|--|
| Date of Birth <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> | Fax Number <b>(209) 368-0600</b><br>(include area code): | Telephone Number <b>(916) 761-5602</b><br>(include area code): |
|--|--|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the **ID1034350091** 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 State Regional Center**

Street Address/P.O. Box: **12393 N. Highway 99**

|                   |                  |                        |
|-------------------|------------------|------------------------|
| City: <b>Lodi</b> | State: <b>CA</b> | Zip Code: <b>95240</b> |
|-------------------|------------------|------------------------|

|  |  |   |
|--|--|---|
| Web site <b>www.csregional.com</b><br>Address: | Fax Number <b>(209) 368-0600</b><br>(include area code): | Telephone <b>(916) 761-5602</b><br>(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): |
|-------------------|---------------------------------|--------------------------------|



**RCW1530753411**

**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”.)

|  |  |  |
|--|--|--|
| <b>a. Industry Category Title: Motion Picture and Video Industries</b>       |  | NAICS Code for the Industry Category<br><u>5 1 2 1</u> |
| Aggregate EB-5 Capital Investment:<br>0                                      | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                        |
| <b>b. Industry Category Title: Other Amusement and Recreation Industries</b> |  | NAICS Code for the Industry Category<br><u>7 1 3 9</u> |
| Aggregate EB-5 Capital Investment:<br>0                                      | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                        |
| <b>c. Industry Category Title: Amusement Parks and Arcade</b>                |  | NAICS Code for the Industry Category<br><u>7 1 3 1</u> |
| Aggregate EB-5 Capital Investment:<br>0                                      | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0                        |

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)

|  |   |  |                    |
|--|---|--|--------------------|
| <b>a. Name of Commercial Enterprise: Rancho Entertainment L.P.</b>   |   | <b>Industry Category Title: Nonresidential Building Construction</b> |                    |
| Address (Street Number and Name):<br>12393 N. Highway 99   | City:<br>Lodi                               | State:<br>CA   | Zip Code:<br>95240 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:   |                    |
|  |   |  |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Rancho Cordova Entertainment Group, LLC |  | <b>Industry Category Title:</b><br>Nonresidential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>12393 N. Highway 99      | <b>City:</b><br>Lodi                     | <b>State:</b><br>CA   | <b>Zip Code:</b><br>95240 |
| <b>EB-5 Capital Investment:</b>                                      | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
|  |  |   |                           |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Immigration Investment Fund II, LLC |  | <b>Industry Category Title:</b><br>Nonresidential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>433 North Camden Drive, 4th Floor   | <b>City:</b><br>Beverly Hills                      | <b>State:</b><br>CA   | <b>Zip Code:</b><br>90210 |
| <b>Aggregate EB-5 Capital Investment:</b>                                       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                                       |                           |
|   |  |   |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Sonnenblick SMF, LLC                              |   | <b>Industry Category Title:</b><br>Nonresidential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>11726 San Vicente Blvd., Suite 290 | <b>City:</b><br>Los Angeles             | <b>State:</b><br>CA   | <b>Zip Code:</b><br>90049 |
| <b>EB-5 Capital Investment</b>   | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>  |                           |
|  |   |   |                           |

**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 |
| (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**.

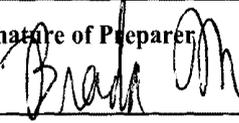
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Rohit Ranchhod | <b>Date (mm/dd/yyyy)</b><br>10/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>916-761-5602  | <b>E-Mail Address</b>                              |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b>                          |  |  |

**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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Brandon Meyer | <b>Date (mm/dd/yyyy)</b><br>11/2/2015             |
| <b>Firm Name and Address</b><br>Meyer Law Group 50 Francisco Street STE 450 San Francisco CA USA 94133              |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>415-416-6638   | <b>Fax Number (Area/Country Codes)</b>           | <b>E-Mail Address</b><br>brandon@meyerlawgroup.us |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/IS/ECT/17/93  
5338

**Part 1. Information About Principal of the Regional Center**

|  |                 |  |
|--|-----------------|--|
| Name: Last<br>Healy  | First<br>Daniel | Middle<br>Joseph                                     |
| In Care Of:  |                 |  |
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200  |                 |  |
| City: Dallas   | (b)(6)          | State: TX  |
| Date of Birth (mm/dd/yyyy)   |                 | Zip Code: 75201                                      |
| Fax Number (include area code): (214) 572-2398   |                 | Telephone Number (include area code): (214) 572-2300 |
| Web site address: www.civitascapital.com   |                 |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |                 | ID1308751115   |

**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:** Civitas Denver Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com                         | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |
| Address:  |  |   |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com                         | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |
| Address:  |  |   |

**C. Name of Other Agent:**

|                          |            |                      |
|--------------------------|------------|----------------------|
| Street Address/P.O. Box: |            |                      |
| City:                    | State:     | Zip Code:            |
| Web site                 | Fax Number | Telephone            |
| Address:                 |            |                      |
| (include area code):     |            | (include area code): |



**RCW1535153692**

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:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

AMENDED

Department of Homeland Security  
U.S. Citizenship and Immigration Services

Form I-924A,  
Supplement to Form I-924

REC'D OCT 16 1 24 13  
5338

Part 1. Information About Principal of the Regional Center

|  |   |   |
|--|---|---|
| Name: Last<br>Mann                                     | First<br>Elizabeth                                | Middle  |
| In Care Of: Central Arizona Regional Center            |   |   |
| Street Address/P.O. Box: 668 N. 44th Street, Suite 300 |   |   |
| City: Phoenix  | (b)(6)  | State: AZ   |
| Zip Code: 85008  |   |   |
| Date of Birth<br>(mm/dd/yyyy):                         | Fax Number<br>(include area code): (480) 717-3838 | Telephone Number<br>(include area code): (602) 635-7346 |
| Web site address: http://azeb5.com/                    |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001730

Part 2. Application Type (Check one)

- a. Supplement for the Fiscal Year Ending September 30, 2011 (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 Arizona Regional Center

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 668 N. 44th Street, Suite 300 |   |  |
| City: Phoenix  | State: AZ   | Zip Code: 85008                                  |
| Web site http://azeb5.com/<br>Address:                 | Fax Number<br>(include area code): (480) 717-3838 | Telephone<br>(include area code): (602) 635-7346 |

B. Name of Managing Company/Agency: AZ Sourcing LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 668 N. 44th Street, Suite 300 |   |  |
| City: Phoenix  | State: AZ   | Zip Code: 85008                                  |
| Web site http://www.azsourcing.<br>Address: com/       | Fax Number<br>(include area code): (480) 717-3838 | Telephone<br>(include area code): (480) 525-8138 |

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<br>Address:     | Fax Number<br>(inc' N/A | Telephone<br>'ea code): N/A |



RCW1603454241

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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 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 |
|        | [Redacted]                        |  | 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:<br>Warehouse         |   | NAICS Code for the Industry Category<br>4 9 3 1 0 0 |  |
| Aggregate EB-5 Capital Investment:<br>N/A        | Aggregate Direct and Indirect Job Creation:<br>N/A        | Aggregate Jobs Maintained:<br>N/A                   |  |
| b. Industry Category Title:<br>Construction      |   | NAICS Code for the Industry Category<br>2 3 6 0 0 0 |  |
| Aggregate EB-5 Capital Investment:<br>N/A        | Aggregate Direct and Indirect Job Creation:<br>N/A        | Aggregate Jobs Maintained:<br>N/A                   |  |
| c. Industry Category Title:<br>Real Estate       |   | NAICS Code for the Industry Category<br>5 3 1 0 0 0 |  |
| Aggregate EB-5 Capital Investment:<br>[Redacted] | Aggregate Direct and Indirect Job Creation:<br>[Redacted] | Aggregate Jobs Maintained:<br>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:<br>Phoenix Mart LLC  |   | Industry Category Title:<br>531000 |                    |
| Address (Street Number and Name):<br>7047 E. Greenway Pkwy   | City:<br>Scottsdale                                       | State:<br>AZ                       | Zip Code:<br>85254 |
| Aggregate EB-5 Capital Investment:<br>[Redacted]   | Aggregate Direct and Indirect Job Creation:<br>[Redacted] | Aggregate Jobs Maintained:<br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                        |
|---|--|--|------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                        |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b>                          | <b>Zip Code</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A          |                        |



**Part 3. Information About the Regional Center (Continued)**

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |



**Part 3. Information About the Regional Center (Continued)**

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A   |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A   | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A  | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>N/A |                         |
| <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> |   |  |                         |
| <b>(1) Business Name:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A   | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A  | <b>Direct and Indirect Job Creation:</b><br>N/A           | <b>Jobs Maintained:</b><br>N/A           |                         |
| <b>(2) Business Name:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A   | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A  | <b>Direct and Indirect Job Creation:</b><br>N/A           | <b>Jobs Maintained:</b><br>N/A           |                         |
| <b>e. Name of Commercial Enterprise:</b><br>N/A   |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address Street Number and Name:</b><br>N/A   | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A  | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>N/A |                         |
| <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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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.)

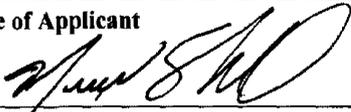
| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| (b)(4)                                 |        |         |

**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 compete Part 5.*

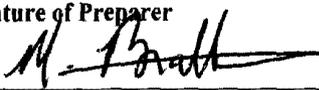
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Marshall Stahl | <b>Date (mm/dd/yyyy)</b><br>01/13/2016 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>602-472-3076   | <b>E-Mail Address</b><br>mstahl@azsourcing.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Michael Bratton     | <b>Date (mm/dd/yyyy)</b><br>01/13/2016           |
| <b>Firm Name and Address</b><br>AZ Sourcing LLC<br>7047 E. Greenway PKWY, Suite 190<br>Scottsdale, AZ 85254         |  |  |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>480-525-8138  | <b>Fax Number (Area/Country Codes)</b><br>480-717-3838 | <b>E-Mail Address</b><br>mbratton@azsourcing.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<br>Whelchel, Jr | First<br>John | Middle<br>Davis |
|----------------------------|---------------|-----------------|

In Care Of:

Street Address/P.O. Box: 980 N Federal Hwy, Suite 442

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Boca Raton (b)(6) | State: FL | Zip Code: 33432 |
|-------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (866) 560-8861 | Telephone Number (include area code): (561) 939-6635 |
|----------------------------|--|--|

Web site address: www.whelchelpartners.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1228650784 / ID1228650784

**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: United States Growth Fund, LLC

Street Address/P.O. Box: 980 N Federal Hwy, Suite 442

|  |                                 |   |
|--|---------------------------------|---|
| City: Boca Raton                             | State: FL                       | Zip Code: 33432                               |
| Web site Address: unitedstatesgrowthfund.com | Fax Number (include area code): | Telephone (include area code): (561) 939-6635 |

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): |



RCW1603454240

egarcia2 1924A 02/03/2016

READ CAREFULLY (10-04)

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 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:<br>N/A      |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>0 | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:             |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:      | Aggregate Direct and Indirect Job Creation:      | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:             |  | NAICS Code for the Industry Category<br>_____ |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

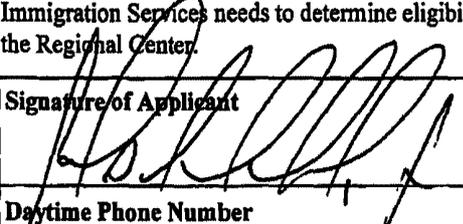
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>         | <b>Printed Name of Applicant</b><br>John D. Whelchel, Jr | <b>Date (mm/dd/yyyy)</b><br>04/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 939-6635  | <b>E-Mail Address</b><br>jwhelchel@whelchelpartners.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President / Owner / 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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|                             |  |  |                 |
|-----------------------------|--|--|-----------------|
| City: Dallas                | (b)(6)   | State: TX  | Zip Code: 75201 |
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |                 |

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1232050814

**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: Civitas El Paso Regional Center

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |  |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |  |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |  |

B. Name of Managing Company/Agency: Civitas Management Services, LLC

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |  |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |  |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |  |

C. Name of Other Agent:

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW1535153690**

93-91 113091,050 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.”)

| 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:<br>Construction |   | NAICS Code for the Industry Category<br>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<br>-----   |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|   |   |   |
| c. Industry Category Title:                 |   | NAICS Code for the Industry Category<br>-----   |
| 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:<br>Civitas Permian Basin Hotels, LP  |   | Industry Category Title:<br>N/A |                    |
| Address (Street Number and Name):<br>1601 Bryan St., Suite M-200   | City:<br>Dallas                             | State:<br>TX                    | Zip Code:<br>75201 |
| 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>(1) Business Name:</b><br>CLP II Investments, LLC                    |  | <b>Industry Category Title:</b><br>Hospitality |                           |
| <b>Address (Street Number and Name):</b><br>1601 Bryan St., Suite M-200 | <b>City:</b><br>Dallas                   | <b>State:</b><br>TX                            | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                        |                           |
|   |  |  |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                |                           |
| <b>Address (Street Number and Name):</b>                                | <b>City:</b>                             | <b>State:</b>                                  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                        |                           |

(b)(4)

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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 |
| (b)(4)                                 |        |         |

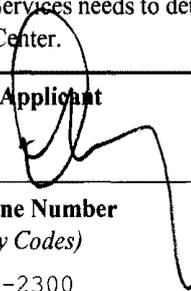
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

C  
AMENDED

Department of Homeland Security  
U.S. Citizenship and Immigration Services

Form I-924A,  
Supplement to Form I-924

REC'D FEB 1 15:40

5338

**Part 1. Information About Principal of the Regional Center**

|                    |                    |        |
|--------------------|--------------------|--------|
| Name: Last<br>Mann | First<br>Elizabeth | Middle |
|--------------------|--------------------|--------|

In Care Of: Central Arizona Regional Center

Street Address/P.O. Box: 7047 E. Greenway Parkway, No 160

|                  |        |           |                 |
|------------------|--------|-----------|-----------------|
| City: Scottsdale | (b)(6) | State: AZ | Zip Code: 85254 |
|------------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (602) 457-6779 | Telephone Number<br>(include area code): (480) 525-8138 |
|-------------------------------|---|---|

Web site address: <http://azeb5.com>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001730

**Part 2. Application Type (check one)**

- a. Supplement for the Fiscal Year Ending September 30, 2013 (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 Arizona Regional Center

Street Address/P.O. Box: 7047 E. Greenway Parkway, No 160

|  |   |  |
|--|---|--|
| City: Scottsdale   | State: AZ   | Zip Code: 85254                                  |
| Web site <a href="http://azeb5.com">http://azeb5.com</a><br>Address: | Fax Number<br>(include area code): (602) 457-6779 | Telephone<br>(include area code): (480) 525-8138 |

B. Name of Managing Company/Agency: AZ Sourcing LLC

Street Address/P.O. Box: 7047 E. Greenway Parkway, No 190

|  |   |  |
|--|---|--|
| City: Scottsdale   | State: AZ   | Zip Code: 85254                                  |
| Web site <a href="http://azsourcing.com">http://azsourcing.com</a><br>Address: | Fax Number<br>(include area code): (620) 457-6779 | Telephone<br>(include area code): (480) 525-8138 |

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 | Fax Number<br>(include area code): N/A | Telephone<br>(include area code): N/A |



RCW1603454243

**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 |
|        | [Redacted]                        |  | 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:        |   | NAICS Code for the Industry Category |
|            | Real Estate                        |   | 5 3 1 0 0 0                          |
|            | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
| [Redacted] |                                    |   | N/A                                  |
| (b)(4)     | b. Industry Category Title:        |   | NAICS Code for the Industry Category |
|            | Warehouse                          |   | 4 9 3 1 0 0                          |
|            | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
| N/A        | N/A                                | N/A   |                                      |
| (b)(4)     | c. Industry Category Title:        |   | NAICS Code for the Industry Category |
|            | Construction                       |   | 2 3 6 0 0 0                          |
|            | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
| N/A        | N/A                                | 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:  |   | Industry Category Title:   |           |
| PhoenixMart LLC  |   | 531000                     |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 7047 E. Greenway Pkwy., 190  | Scottsdale                                  | AZ                         | 85254     |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| [Redacted]   |   | 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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                        |
|---|--|--|------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                        |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b>                          | <b>Zip Code</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A          |                        |

**Part 3. Information About the Regional Center (Continued)**

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

**Part 3. Information About the Regional Center (Continued)**

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address Street Number and Name:</b><br>N/A    | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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 |
| [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 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Marshall Stahl | <b>Date (mm/dd/yyyy)</b><br>01/13/2016 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>602-472-3076   | <b>E-Mail Address</b><br>mstahl@azsourcing.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Michael Bratton     | <b>Date (mm/dd/yyyy)</b><br>01/13/2016           |
| <b>Firm Name and Address</b><br>AZ Sourcing LLC<br>7047 E. Greenway Parkway, No 190<br>Scottsdale, AZ 85254         |  |  |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>602-688-7503  | <b>Fax Number (Area/Country Codes)</b><br>602-457-6779 | <b>E-Mail Address</b><br>mbratton@azsourcing.com |

AMENDED

OMB No. 1615-0061; Expires 09/30/2012

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<br>Mann  | First<br>Elizabeth                                | Middle  |
| In Care Of: Central Arizona Regional Center               |   |   |
| Street Address/P.O. Box: 7047 E. Greenway PKWY, Suite 190 |   |   |
| City: Scottsdale<br>(b)(6)                                | State: AZ   | Zip Code: 85254   |
| Date of Birth<br>(mm/dd/yyyy)                             | Fax Number<br>(include area code): (602) 457-6779 | Telephone Number<br>(include area code): (480) 525-8138 |
| Web site address: http://azeb5.com/                       |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001730

Part 2. Application Type (Check one)

- a. Supplement for the Fiscal Year Ending September 30, 2012 (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 Arizona Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 7047 E. Greenway PKWY, Suite 190 |   |  |
| City: Scottsdale  | State: AZ   | Zip Code: 85254                                  |
| Web site http://azeb5.com/<br>Address:                    | Fax Number<br>(include area code): (602) 457-6779 | Telephone<br>(include area code): (480) 525-8138 |

B. Name of Managing Company/Agency: AZ Sourcing LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 7047 E. Greenway PKWY, Suite 190 |   |  |
| City: Scottsdale  | State: AZ   | Zip Code: 85254                                  |
| Web site http://www.azsourcing.<br>Address: com/          | Fax Number<br>(include area code): (602) 457-6779 | Telephone<br>(include area code): (480) 525-8138 |

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<br>Address:     | Fax Number<br>N/A | Telephone<br>(include area code): N/A |



RCW1603454242

egarcia2 1924A 02/01/2016

Form I-924A (11/23/10)

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 |
|-----------------------------------|--|---------------------------|
|                                   |  | 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>a. Industry Category Title:</b><br>Warehouse        |   | <b>NAICS Code for the Industry Category</b><br>4 9 3 1 0 0 |  |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A       | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>N/A                   |  |
| <b>b. Industry Category Title:</b><br>Construction     |   | <b>NAICS Code for the Industry Category</b><br>2 3 6 0 0 0 |  |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A       | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>N/A                   |  |
| <b>c. Industry Category Title:</b><br>Real Estate      |   | <b>NAICS Code for the Industry Category</b><br>5 3 1 0 0 0 |  |
| <b>Aggregate EB-5 Capital Investment:</b><br>5,000,000 | <b>Aggregate Direct and Indirect Job Creation:</b><br>6   | <b>Aggregate Jobs Maintained:</b><br>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)

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>a. Name of Commercial Enterprise:</b><br>Phoenix Mart LLC   |  | <b>Industry Category Title:</b><br>531000 |                           |
| <b>Address (Street Number and Name):</b><br>7047 E. Greenway PKWY  | <b>City:</b><br>Scottsdale                         | <b>State:</b><br>AZ                       | <b>Zip Code:</b><br>85254 |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                        |
|---|--|--|------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                        |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b>                          | <b>Zip Code</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A          |                        |



**Part 3. Information About the Regional Center (Continued)**

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |



**Part 3. Information About the Regional Center (Continued)**

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address Street Number and Name:</b><br>N/A    | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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 |
| [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 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Marshall Stahl | <b>Date (mm/dd/yyyy)</b><br>01/13/2016 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>602-472-3076   | <b>E-Mail Address</b><br>mstahl@azsourcing.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Michael Bratton     | <b>Date (mm/dd/yyyy)</b><br>01/13/2016           |
| <b>Firm Name and Address</b><br>AZ Sourcing LLC<br>7047 E. Greenway PKWY, Suite 190<br>Scottsdale, AZ 85254         |  |  |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>480-525-8138  | <b>Fax Number (Area/Country Codes)</b><br>602-457-6779 | <b>E-Mail Address</b><br>mbratton@azsourcing.com |



AMENDED

Department of Homeland Security  
U.S. Citizenship and Immigration Services

Form I-924A,  
Supplement to Form I-924

REC-00010100 000  
5338

Part 1. Information About Principal of the Regional Center

|                    |                    |        |
|--------------------|--------------------|--------|
| Name: Last<br>Mann | First<br>Elizabeth | Middle |
|--------------------|--------------------|--------|

In Care Of: Central Arizona Regional Center

Street Address/P.O. Box: 7047 E. Greenway Pkwy, Suite 160

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Scottsdale (b)(6) | State: AZ | Zip Code: 85254 |
|-------------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (602) 457-6779 | Telephone Number (include area code): (480) 525-8138 |
|-----------------------------|--|--|

Web site address: http://azeb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09001730

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: Central Arizona Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 7047 E. Greenway Pkwy, Suite 160 |  |   |
| City: Scottsdale  | State: AZ                                      | Zip Code: 85254                               |
| Web site Address: http://azeb5.com                        | Fax Number (include area code): (602) 457-6779 | Telephone (include area code): (480) 525-8138 |

B. Name of Managing Company/Agency: AZ Sourcing LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 7047 E. Greenway Pkwy, Suite 190 |  |   |
| City: Scottsdale  | State: AZ                                      | Zip Code: 85254                               |
| Web site Address: http://azsourcing.com                   | Fax Number (include area code): (602) 457-6779 | Telephone (include area code): (480) 525-8138 |

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                 | Fax Number N/A (include area code): | Telephone N/A (include area code): |



RCW1603454244

**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:        |   | NAICS Code for the Industry Category |
|        | Real Estate                        |   | 5 3 1 0 0 0                          |
|        | 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 |
|        | Warehouse                          |   | 4 9 3 1 0 0                          |
|        | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
|        | N/A                                | N/A   | N/A                                  |
|        | c. Industry Category Title:        |   | NAICS Code for the Industry Category |
|        | Construction                       |   | 2 3 6 0 0 0                          |
|        | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
|        | N/A                                | N/A   | 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:  |   | Industry Category Title:   |           |
| PhoenixMart LLC  |   | 531000                     |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 7047 E. Greenway Pkwy, #190  | Scottsdale                                  | AZ                         | 85254     |
| 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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                        |
|---|--|--|------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                        |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b>                          | <b>Zip Code</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A          |                        |

**Part 3. Information About the Regional Center** (Continued)

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

**Part 3. Information About the Regional Center (Continued)**

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address Street Number and Name:</b><br>N/A    | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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)                                 |        |         |

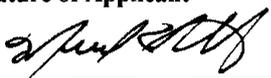
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Marshall Stahl | <b>Date (mm/dd/yyyy)</b><br>01/13/2016 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>602-472-3076   | <b>E-Mail Address</b><br>mstahl@azsourcing.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Michael Bratton       | <b>Date (mm/dd/yyyy)</b><br>01/13/2016           |
| <b>Firm Name and Address</b><br>AZ Sourcing LLC<br>7047 E. Greenway Pkwy, Suite 190<br>Scottsdale, AZ 85254         |  |  |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(602) 688-7503  | <b>Fax Number (Area/Country Codes)</b><br>(602) 457-6779 | <b>E-Mail Address</b><br>mbratton@azsourcing.com |

AMENDED

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<br>Mann | First<br>Elizabeth | Middle |
|--------------------|--------------------|--------|

In Care Of: Central Arizona Regional Center

Street Address/P.O. Box: 7047 E. Greenway Pkwy., Suite 160

|                  |        |           |                 |
|------------------|--------|-----------|-----------------|
| City: Scottsdale | (b)(6) | State: AZ | Zip Code: 85254 |
|------------------|--------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (602) 457-6779 | Telephone Number (include area code): (480) 525-8138 |
|-----------------------------|--|--|

Web site address: <http://azeb5.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: Central Arizona Regional Center

Street Address/P.O. Box: 7047 E. Greenway Pkwy., Suite 160

|  |  |   |
|--|--|---|
| City: Scottsdale   | State: AZ                                      | Zip Code: 85254                               |
| Web site <a href="http://azeb5.com">http://azeb5.com</a><br>Address: | Fax Number (include area code): (602) 457-6779 | Telephone (include area code): (480) 525-8138 |

B. Name of Managing Company/Agency: AZ Sourcing LLC

Street Address/P.O. Box: 7047 E. Greenway Pkwy., Suite 190

|  |  |   |
|--|--|---|
| City: Scottsdale   | State: AZ                                      | Zip Code: 85254                               |
| Web site <a href="http://azsourcing.com">http://azsourcing.com</a><br>Address: | Fax Number (include area code): (602) 457-6779 | Telephone (include area code): (480) 525-8138 |

C. Name of Other Agent: N/A

Street Address/P.O. Box: N/A

|  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| City: N/A                                | State:                              | Zip Code: N/A                      |
| Web site <a href="#">N/A</a><br>Address: | Fax Number (include area code): N/A | Telephone (include area code): N/A |



RCW1603454245

**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)

|  |   |   |
|--|---|---|
| <b>a. Industry Category Title:</b><br>Real Estate  |   | NAICS Code for the Industry Category<br>5 3 1 1 |
| Aggregate EB-5 Capital Investment:                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|  |   | N/A   |
| <b>b. Industry Category Title:</b><br>Warehouse    |   | NAICS Code for the Industry Category<br>4 9 3 1 |
| Aggregate EB-5 Capital Investment:                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| N/A  | N/A   | N/A   |
| <b>c. Industry Category Title:</b><br>Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:                 | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
| N/A  | N/A   | 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)

|  |   |   |                           |
|--|---|---|---------------------------|
| <b>a. Name of Commercial Enterprise:</b><br>PhoenixMart LLC  |   | <b>Industry Category Title:</b><br>531000 |                           |
| <b>Address (Street Number and Name):</b><br>7047 E. Greenway Pkwy, #190  | <b>City:</b><br>Scottsdale                  | <b>State:</b><br>AZ                       | <b>Zip Code:</b><br>85254 |
| 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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                         |
|---|--|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A          |                         |

**Part 3. Information About the Regional Center (Continued)**

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

**Part 3. Information About the Regional Center (Continued)**

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address Street Number and Name:</b><br>N/A    | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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)                                 |        |         |

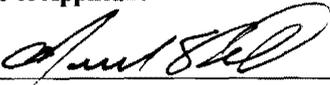
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Marshall Stahl | <b>Date (mm/dd/yyyy)</b><br>01/13/2016 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(602) 472-3076  | <b>E-Mail Address</b><br>mstahl@azsourcing.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Jason Cupo            | <b>Date (mm/dd/yyyy)</b><br>01/13/2016        |
| <b>Firm Name and Address</b><br>AZ Sourcing LLC<br>7047 E. Greenway Pkwy., Suite 190<br>Scottsdale, AZ 85254        |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(480) 525-8138   | <b>Fax Number (Area/Country Codes)</b><br>(602) 457-6779 | <b>E-Mail Address</b><br>jcupo@azsourcing.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 <b>Ranchhod</b>   |   | First <b>Rohit</b>  | Middle                 |
| In Care Of:  |   |   |                        |
| Street Address/P.O. Box: <b>12393 N. Highway 99</b>  |   |   |                        |
| City: <b>Lodi</b>  | <b>(b)(6)</b>   | State: <b>CA</b>  | Zip Code: <b>95240</b> |
| Date of Birth: <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span><br>(mm/dd/yyyy)                  | Fax Number: <b>(209) 368-0600</b><br>(include area code): | Telephone Number: <b>(916) 761-5602</b><br>(include area code): |                        |
| Web site address:  |   |   |                        |
| USCIS-assigned number for the Designated Regional Center (attach the <b>ID1034350091</b> 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 State Regional Center**

|   |   |  |                        |
|---|---|--|------------------------|
| Street Address/P.O. Box: <b>12393 N. Highway 99</b> |   |  |                        |
| City: <b>Lodi</b>                                   | <b>(b)(6)</b>   | State: <b>CA</b>   | Zip Code: <b>95240</b> |
| Web site Address: <b>www.csregional.com</b>         | Fax Number: <b>(209) 368-0600</b><br>(include area code): | Telephone: <b>(916) 761-5602</b><br>(include area code): |                        |

**B. Name of Managing Company/Agency:** **None**

|                          |                                     |                                    |           |
|--------------------------|-------------------------------------|------------------------------------|-----------|
| Street Address/P.O. Box: |                                     |                                    |           |
| City:                    |                                     | State:                             | Zip Code: |
| Web site Address:        | Fax Number:<br>(include area code): | Telephone:<br>(include area code): |           |

**C. Name of Other Agent:** **None**

|                          |                                     |                                    |           |
|--------------------------|-------------------------------------|------------------------------------|-----------|
| Street Address/P.O. Box: |                                     |                                    |           |
| City:                    |                                     | State:                             | Zip Code: |
| Web site Address:        | Fax Number:<br>(include area code): | Telephone:<br>(include area code): |           |



**RCW1530753411**

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REC'D CSCY15NOV 3 19-17

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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>a. Industry Category Title: Motion Picture and Video Industries</b> |   | NAICS Code for the Industry Category<br><u>5 1 2 1</u> |
| Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |
| [Redacted]   |   |  |

|  |   |  |
|--|---|--|
| <b>b. Industry Category Title: Other Amusement and Recreation Industries</b> |   | NAICS Code for the Industry Category<br><u>7 1 3 9</u> |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |
| [Redacted]   |   |  |

|   |   |  |
|---|---|--|
| <b>c. Industry Category Title: Amusement Parks and Arcade</b> |   | NAICS Code for the Industry Category<br><u>7 1 3 1</u> |
| Aggregate EB-5 Capital Investment:                            | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |
| [Redacted]  |   |  |

- 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>a. Name of Commercial Enterprise: Rancho Entertainment L.P.</b>   |   | Industry Category Title: <b>Nonresidential Building Construction</b> |   |
| Address (Street Number and Name):<br>12393 N. Highway 99   | City:<br>Lodi                               | State:<br>CA   | Zip Code:<br>95240  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:   |   |
| [Redacted]   |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Rancho Cordova Entertainment Group, LLC |  | <b>Industry Category Title:</b><br>Nonresidential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>12393 N. Highway 99      | <b>City:</b><br>Lodi                     | <b>State:</b><br>CA   | <b>Zip Code:</b><br>95240 |
| <b>EB-5 Capital Investment:</b>                                      | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
|  |  |   |                           |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Immigration Investment Fund II, LLC |  | <b>Industry Category Title:</b><br>Nonresidential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>433 North Camden Drive, 4th Floor   | <b>City:</b><br>Beverly Hills                      | <b>State:</b><br>CA   | <b>Zip Code:</b><br>90210 |
| <b>Aggregate EB-5 Capital Investment:</b>                                       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                                       |                           |
|   |  |   |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Sonnenblick SMF, LLC                              |   | <b>Industry Category Title:</b><br>Nonresidential Building Construction |                           |
| <b>Address (Street Number and Name):</b><br>11726 San Vicente Blvd., Suite 290 | <b>City:</b><br>Los Angeles             | <b>State:</b><br>CA   | <b>Zip Code:</b><br>90049 |
| <b>EB-5 Capital Investment</b>   | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>  |                           |
|  |   |   |                           |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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**.

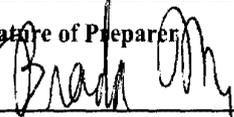
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Rohit Ranchhod | <b>Date (mm/dd/yyyy)</b><br>10/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>916-761-5602  | <b>E-Mail Address</b>                              |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b>                          |  |  |

**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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Brandon Meyer | <b>Date (mm/dd/yyyy)</b><br>11/2/2015             |
| <b>Firm Name and Address</b><br>Meyer Law Group 50 Francisco Street STE 450 San Francisco CA USA 94133              |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>415-416-6638   | <b>Fax Number (Area/Country Codes)</b>           | <b>E-Mail Address</b><br>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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |        |           |                 |
|--------------|--------|-----------|-----------------|
| City: Dallas | (b)(6) | State: TX | Zip Code: 75201 |
|--------------|--------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
|----------------------------|--|--|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1310151122

**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:** Civitas Florida Atlantic Regional Center

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|   |  |   |
|---|--|---|
| City: Dallas                                | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com<br>Address: | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|   |  |   |
|---|--|---|
| City: Dallas                                | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com<br>Address: | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                      |                                 |                                |
|----------------------|---------------------------------|--------------------------------|
| City:                | State:                          | Zip Code:                      |
| Web site<br>Address: | Fax Number (include area code): | Telephone (include area code): |



**RCW1535153698**

egarcia2 1924A 12/17/2015

RCW 1535153698 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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|                                    |   |   |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|                                    |   |   |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.)

(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.)

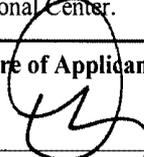
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/IS/DET 10:55  
5338

**Part 1. Information About Principal of the Regional Center**

|                     |                 |                  |
|---------------------|-----------------|------------------|
| Name: Last<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|                               |   |   |
|-------------------------------|---|---|
| City: Dallas<br>(b)(6)        | State: TX   | Zip Code: 75201   |
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (214) 572-2398 | Telephone Number<br>(include area code): (214) 572-2300 |

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1308751114

**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: Civitas Atlanta Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

B. Name of Managing Company/Agency: Civitas Management Services, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

C. Name of Other Agent:

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1535153713**

**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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

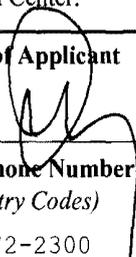
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|                     |           |                 |
|---------------------|-----------|-----------------|
| City: Dallas (b)(6) | State: TX | Zip Code: 75201 |
|---------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
|--|--|--|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1428851926

**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:** Civitas Alabama Regional Center

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|  |  |   |
|--|--|---|
| City: Dallas                             | State: TX                                      | Zip Code: 75201                               |
| Web site Address: www.civitascapital.com | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|  |  |   |
|--|--|---|
| City: Dallas                             | State: TX                                      | Zip Code: 75201                               |
| Web site Address: www.civitascapital.com | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**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): |



**RCW1535153680**

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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.

(b)(4)

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 |
|-----------------------------------|--|---------------------------|
|                                   |  |                           |

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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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 |
| (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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

09-11 13391-55 038 5326

**Part 1. Information About Principal of the Regional Center**

|                     |                 |                  |
|---------------------|-----------------|------------------|
| Name: Last<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |        |           |                 |
|--------------|--------|-----------|-----------------|
| City: Dallas | (b)(6) | State: TX | Zip Code: 75201 |
|--------------|--------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
|----------------------------|--|--|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1428051907

**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: Civitas Michigan Regional Center

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |  |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |  |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |  |

B. Name of Managing Company/Agency: Civitas Management Services, LLC

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |  |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |  |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |  |

C. Name of Other Agent:

|                          |                                 |                                |  |
|--------------------------|---------------------------------|--------------------------------|--|
| Street Address/P.O. Box: |                                 |                                |  |
| City:                    | State:                          | Zip Code:                      |  |
| Web site<br>Address:     | Fax Number (include area code): | Telephone (include area code): |  |



RCW1535153702

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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 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:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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 |
| (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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/26/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>WANG | First<br>Zhiwen | Middle |
|--------------------|-----------------|--------|

In Care Of: CUCC Business Regional Center

Street Address/P.O. Box: 3636 Main Street, 6F

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: Flushing<br>(b)(6) | State: NY | Zip Code: 11354 |
|--------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (718) 746-1068 | Telephone Number (include area code): (718) 961-8885 |
|----------------------------|--|--|

Web site address: www.cuccbrc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 12-339-50830/RC ID 1233950830

**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: CUCC Business Regional Center

Street Address/P.O. Box: 3636 Main Street, 6F

|                                   |  |   |
|-----------------------------------|--|---|
| City: Flushing                    | State: NY                                      | Zip Code: 11354                               |
| Web site Address: www.cuccbrc.com | Fax Number (include area code): (718) 746-1068 | Telephone (include area code): (718) 961-8885 |

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): |



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(b)(4)

**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:<br>Non Residential Building Construction         |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A               |
| b. Industry Category Title:<br>Architectural, Engineering & Related Services |   | NAICS Code for the Industry Category<br>5 4 1 3 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A               |
| c. Industry Category Title:<br>Continue on Page 9                            |   | NAICS Code for the Industry Category<br>_____   |
| 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:<br>EAQ Hotel Investors, LLC  |   | Industry Category Title:<br>7211 Traveler Accommodations |   |
| Address (Street Number and Name):<br>3636 Main St 6F   | City:<br>Flushing                           | State:<br>NY   | Zip Code:<br>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 |

(b)(4)

(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.

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Sunrise Hospitality Ventures, LLC          |  | <b>Industry Category Title:</b><br>7211 Traveler Accommodations |                           |
| <b>Address (Street Number and Name):</b><br>225 West 34th St Suite 1400 | <b>City:</b><br>New York                 | <b>State:</b><br>NY   | <b>Zip Code:</b><br>10122 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
| [Redacted]  |  |   |                           |
| <b>(2) Business Name</b><br>N/A   |  | <b>Industry Category Title:</b>                                 |                           |
| <b>Address (Street Number and Name):</b>                                | <b>City:</b>                             | <b>State:</b>   | <b>Zip Code:</b>          |
|   |  |   |                           |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>   |                           |
|   |  |   |                           |

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>306 Time Square Associates, LP |  | <b>Industry Category Title:</b><br>7211 Traveler Accommodations |                           |
| <b>Address (Street Number and Name):</b><br>225 West 34th St Suite 1400    | <b>City:</b><br>New York                           | <b>State:</b><br>NY   | <b>Zip Code:</b><br>10122 |
| <b>Aggregate EB-5 Capital Investment:</b>                                  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                               |                           |
| [Redacted]   |  |   |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>NYC One Holding LLC          |   | <b>Industry Category Title:</b><br>7211 Traveler Accommodations |                          |
| <b>Address (Street Number and Name):</b><br>306 W 40th St | <b>City:</b><br>New York                | <b>State:</b><br>NY   | <b>Zip Code</b><br>10018 |
| <b>EB-5 Capital Investment</b>                            | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>  |                          |
| [Redacted]  |   |   |                          |

(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:<br>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:<br>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:<br>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.)

| 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**.

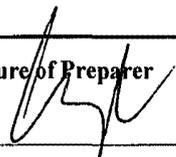
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Zhiwen Wang | <b>Date (mm/dd/yyyy)</b><br>12/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(718) 961-8885  | <b>E-Mail Address</b><br>info@cuccbrc.com       |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Managing Memeber      |   |  |

**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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Linda Lau             | <b>Date (mm/dd/yyyy)</b><br>12/23/2015            |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro St., Suite #1<br>South Pasadena, CA91030          |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>Linda@globallawgroup.net |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC29 19:32

5233

**Part 1. Information About Principal of the Regional Center**

|  |   |   |
|--|---|---|
| Name: Last<br>Suárez-Izquierdo   | First<br>Juan                                     | Middle<br>Carlos  |
| In Care Of: Puerto Rico Department of Economic Development & Commerce    |   |   |
| Street Address/P.O. Box: 355 Ave. Roosevelt, Suite 401 / P.O. Box 362350 |   |   |
| City: Hato Rey   | (b)(6)  | State: PR   |
|  |   | Zip Code: 00936-2350                                    |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (787) 753-6874 | Telephone Number<br>(include area code): (787) 765-2900 |
| Web site address: www.ddec.pr.gov  |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID 1423751856

**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:** Commonwealth of Puerto Rico Regional Center Corporation

Street Address/P.O. Box: 355 Ave. Roosevelt, Suite 401 / P.O. Box 362350

|  |   |  |
|--|---|--|
| City: Hato Rey                               | State: PR   | Zip Code: 00936-2350                             |
| Web site<br>Address: www.eb5inpuertorico.com | Fax Number<br>(include area code): (787) 753-6874 | Telephone<br>(include area code): (787) 765-2900 |

**B. Name of Managing Company/Agency:** Not Applicable

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:** Not Applicable

Street Address/P.O. Box:

|          |                                    |                                   |
|----------|------------------------------------|-----------------------------------|
| City:    | State:                             | Zip Code:                         |
| Web site | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1536454068**

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.")

(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:<br>Not Applicable (See Exhibit 2) |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                            | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:<br>Not Applicable (See Exhibit 2) |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                            | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:<br>Not Applicable (See Exhibit 2) |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>Not Applicable (See Exhibit 2)   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |                                   |                          |           |
|--|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>Not Applicable (See Exhibit 2) |                                   | Industry Category Title: |           |
| Address (Street Number and Name):                    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:                             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name<br>Not Applicable (See Exhibit 2)  |                                   | 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:<br>Not Applicable (See Exhibit 2) |   | Industry Category Title:   |           |
| Address (Street Number and Name):                                   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |                                  |                          |           |
|--|----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>Not Applicable (See Exhibit 2) |                                  | Industry Category Title: |           |
| Address (Street Number and 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:<br>Not Applicable (See Exhibit 2) |                                   | 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:<br>Not Applicable (See Exhibit 2) |   | Industry Category Title:   |           |
| Address (Street Number and Name):                                   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |                                   |                          |           |
|--|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>Not Applicable (See Exhibit 2) |                                   | Industry Category Title: |           |
| Address (Street Number and Name):                    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:                             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |                                   |                          |           |
|--|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>Not Applicable (See Exhibit 2) |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>Not Applicable (See Exhibit 2)  |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:<br>Not Applicable (See Exhibit 2)   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business Name:<br>Not Applicable (See Exhibit 2)   |   | 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:<br>Not Applicable (See Exhibit 2)  |   | Industry Category Title:   |           |
| Address Street Number and Name:  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |                                   |                          |           |
|--|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>Not Applicable (See Exhibit 2) |                                   | Industry Category Title: |           |
| Address (Street Number and Name):                    | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:                             | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:<br>Not Applicable (See Exhibit 2) |                                   | 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.)

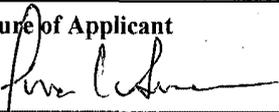
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Juan Carlos Suárez-Izquierdo | <b>Date (mm/dd/yyyy)</b><br>12/14/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(787) 765-2900  | <b>E-Mail Address</b><br>juan.suarez@eb5.pr.gov                  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>ORGANEK | First<br>Emanuel | Middle |
|-----------------------|------------------|--------|

In Care Of: Continental Americas Regional Center LLC

Street Address/P.O. Box: 2255 Glades Road, Suite 234W

|                                |   |   |
|--------------------------------|---|---|
| City: Boca Raton<br>(b)(6)     | State: FL   | Zip Code: 33431   |
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): (561) 241-4966 | Telephone Number<br>(include area code): (561) 241-7200 |

Web site address: www.carceb5.com

USCIS-assigned number for the Designated Regional Center (attach the  
Regional Center's most recently issued approval notice) RCW1034250079**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: Continental Americas Regional Center LLC

Street Address/P.O. Box: 2255 Glades Road, Suite 234W

|                                      |   |  |
|--------------------------------------|---|--|
| City: Boca Raton                     | State: FL   | Zip Code: 33431                                  |
| Web site www.carceb5.com<br>Address: | Fax Number<br>(include area code): (561) 241-4966 | Telephone<br>(include area code): (561) 241-7200 |

B. Name of Managing Company/Agency: Continental Americas Realty Corporation

Street Address/P.O. Box: 2255 Glades Road, Suite 234W

|                                      |   |  |
|--------------------------------------|---|--|
| City: Boca Raton                     | State: FL   | Zip Code: 33431                                  |
| Web site www.carceb5.com<br>Address: | Fax Number<br>(include area code): (561) 241-4966 | Telephone<br>(include area code): (561) 241-7200 |

C. Name of Other Agent:

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |



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maginger

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12/28/2015

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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 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 |
|                                   | Unavailable                                | Unavailable               |

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:<br>TBD |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|                                    |   |   |
| b. Industry Category Title:<br>TBD |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|                                    |   |   |
| c. Industry Category Title:<br>TBD |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>Continental Americas II LP  |   | Industry Category Title:<br>See addendum |                    |
| Address (Street Number and Name):<br>925 Common Street   | City:<br>New Orleans                        | State:<br>LA                             | Zip Code:<br>70102 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:               |                    |
|  | Unavailable                                 | Unavailable                              |                    |
| Does this EB-5 commercial enterprise serve as a 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.

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>(1) Business Name:</b><br>Belmont Commons LLC              |   | <b>Industry Category Title:</b><br>See addendum |                           |
| <b>Address (Street Number and Name):</b><br>925 Common Street | <b>City:</b><br>New Orleans                             | <b>State:</b><br>LA                             | <b>Zip Code:</b><br>70102 |
| <b>EB-5 Capital Investment:</b><br>Unavailable                | <b>Direct and Indirect Job Creation:</b><br>Unavailable | <b>Jobs Maintained:</b><br>Unavailable          |                           |
| <b>(2) Business Name</b>                                      |   | <b>Industry Category Title:</b>                 |                           |
| <b>Address (Street Number and Name):</b>                      | <b>City:</b>  | <b>State:</b>                                   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                               | <b>Direct and Indirect Job Creation:</b>                | <b>Jobs Maintained:</b>                         |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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     |

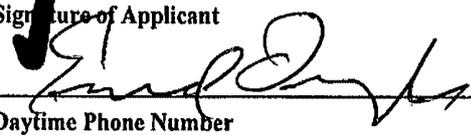
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

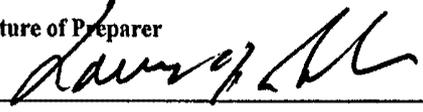
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Emanuel Organek, President | <b>Date (mm/dd/yyyy)</b><br>12/21/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 241-7200  | <b>E-Mail Address</b><br>info@carceb5.com                      |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Continental Americas Realty Corp., Mgr., Continental Americas 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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Larry J. Behar        | <b>Date (mm/dd/yyyy)</b><br>DEC 22 2015        |
| <b>Firm Name and Address</b><br>Behar Law Group<br>888 SE Third Avenue, Suite 400<br>Fort Lauderdale, FL 33316      |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(954) 524-8888   | <b>Fax Number (Area/Country Codes)</b><br>(954) 524-0088 | <b>E-Mail Address</b><br>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<br>Kerner | First<br>Charles | Middle<br>William |
|----------------------|------------------|-------------------|

In Care Of:

Street Address/P.O. Box: 40 Wall Street, 28th Floor

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: New York (b)(6) | State: NY | Zip Code: 10005 |
|-----------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): [Redacted] | Fax Number (include area code): (212) 994-6391 | Telephone Number (include area code): (212) 994-6392 |
|--|--|--|

Web site address: www.corsariorc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1322051188

**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:** Corsario New York Metro Regional Center LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 40 Wall Street, 28th Floor |  |   |
| City: New York                                      | State: NY                                      | Zip Code: 10005                               |
| Web site Address: www.corsariorc.com                | Fax Number (include area code): (212) 994-6391 | Telephone (include area code): (212) 994-6392 |

**B. Name of Managing Company/Agency:** Not Applicable

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State: [Dropdown]               | 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: [Dropdown]               | 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:<br>None at Sept. 30, 2015 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                           |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                           |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>None at Sept. 30, 2015   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                                    |           |
|-----------------------------------|-----------------------------------|------------------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title:           |           |
| Address (Street Number and Name): | City:                             | State:<br><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:<br><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:<br><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:<br><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:<br>▼              | 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:<br>▼                | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | 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:<br><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:<br><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:<br><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:<br><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:<br><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:<br><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)                                 |        |         |

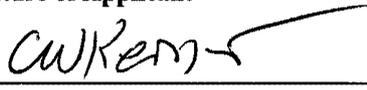
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Charles William Kerner   | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(212) 994-6392  | <b>E-Mail Address</b><br>charles.kerner@corsarioadvisors.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

RCW 1535153704

5338

**Part 1. Information About Principal of the Regional Center**

|                     |                 |                  |
|---------------------|-----------------|------------------|
| Name: Last<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |           |                 |
|--------------|-----------|-----------------|
| City: Dallas | State: TX | Zip Code: 75201 |
|--------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
|----------------------------|--|--|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1329651244

**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:** Civitas NorCal Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site Address: www.civitascapital.com                | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site Address: www.civitascapital.com                | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**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): |



**RCW1535153704**

**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:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy  | First<br>Daniel                                | Middle<br>Joseph                                     |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200  |  |  |
| City: Dallas (b)(6)  | State: TX                                      | Zip Code: 75201                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
| Web site address: www.civitascapital.com   |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  | ID1428851925   |

**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:** Civitas Northern Florida Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**C. Name of Other Agent:**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW1535153703**

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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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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 |
| (b)(4)                                 |        |         |

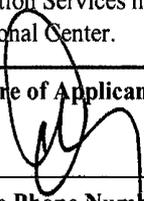
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |           |                 |
|--------------|-----------|-----------------|
| City: Dallas | State: TX | Zip Code: 75201 |
|--------------|-----------|-----------------|

|                               |        |   |   |
|-------------------------------|--------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | (b)(6) | Fax Number<br>(include area code): (214) 572-2398 | Telephone Number<br>(include area code): (214) 572-2300 |
|-------------------------------|--------|---|---|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1333351305

**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: Civitas Philadelphia Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

B. Name of Managing Company/Agency: Civitas Management Services, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

C. Name of Other Agent:

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(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 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:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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 |
| (b)(4)                                 |        |         |

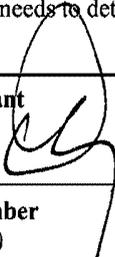
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |           |                 |
|--------------|-----------|-----------------|
| City: Dallas | State: TX | Zip Code: 75201 |
|--------------|-----------|-----------------|

|                               |        |   |   |
|-------------------------------|--------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | (b)(6) | Fax Number<br>(include area code): (214) 572-2398 | Telephone Number<br>(include area code): (214) 572-2300 |
|-------------------------------|--------|---|---|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1329451239

**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: Civitas SoCal Regional Center

|   |   |  |  |
|---|---|--|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |  |

B. Name of Managing Company/Agency: Civitas Management Services, LLC

|   |   |  |  |
|---|---|--|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |  |

C. Name of Other Agent:

|                          |                                    |                                   |  |
|--------------------------|------------------------------------|-----------------------------------|--|
| Street Address/P.O. Box: |                                    |                                   |  |
| City:                    | State:                             | Zip Code:                         |  |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |  |



RCW1535153717

**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".)

(b)(4)

|   |   |   |
|---|---|---|
| a. Industry Category Title:<br>Construction |   | NAICS Code for the Industry Category<br>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<br>_____   |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|   |   |   |
| c. Industry Category Title:                 |   | NAICS Code for the Industry Category<br>_____   |
| 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:<br>Civitas Huntington Beach Hotel Fund, LP   |   | Industry Category Title:<br>N/A |                    |
| Address (Street Number and Name):<br>1601 Bryan St., Suite M-200   | City:<br>Dallas                             | State:<br>TX                    | Zip Code:<br>75201 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |                    |
|  |   |                                 |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>PC Class C, LLC                          |  | <b>Industry Category Title:</b><br>Hospitality |                           |
| <b>Address (Street Number and Name):</b><br>2711 Centerville Rd, #400 | <b>City:</b><br>Wilmington               | <b>State:</b><br>DE                            | <b>Zip Code:</b><br>19808 |
| <b>EB-5 Capital Investment:</b>                                       | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                        |                           |
|   |  |  |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                |                           |
| <b>Address (Street Number and Name):</b>                              | <b>City:</b>                             | <b>State:</b>                                  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                       | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                        |                           |

(b)(4)

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| <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> |  |                                   |                  |
| <b>(1) Business Name:</b>   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>  | <b>Direct and Indirect Job Creation</b>            | <b>Jobs Maintained</b>            |                  |

**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 |
| (b)(4)                                 |        |         |

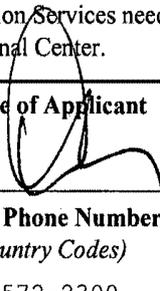
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy                                     | First<br>Daniel                                   | Middle<br>Joseph  |
| In Care Of:   |   |   |
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |   |
| City: Dallas  | State: TX   | Zip Code: 75201   |
| Date of Birth<br>(mm/dd/yyyy)                           | Fax Number<br>(include area code): (214) 572-2398 | Telephone Number<br>(include area code): (214) 572-2300 |
| (b)(6)  |   |   |
| Web site address: www.civitascapital.com                |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1307451109

**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: Civitas Rio Grande Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site www.civitascapital.com<br>Address:             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

B. Name of Managing Company/Agency: Civitas Management Services, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site www.civitascapital.com<br>Address:             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

C. Name of Other Agent:

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |



RCW1535153688

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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 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:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

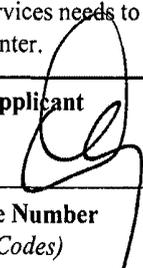
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy  | First<br>Daniel                                   | Middle<br>Joseph  |
| In Care Of:  |   |   |
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200  |   |   |
| City: Dallas   | (b)(6)  | State: TX   |
|  |   | Zip Code: 75201   |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (214) 572-2398 | Telephone Number<br>(include area code): (214) 572-2300 |
| Web site address: www.civitascapital.com   |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |   | ID1428851921  |

**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:** Civitas Illinois Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

**C. Name of Other Agent:**

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1535153707**

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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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.)

(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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |        |           |                 |
|--------------|--------|-----------|-----------------|
| City: Dallas | (b)(6) | State: TX | Zip Code: 75201 |
|--------------|--------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
|----------------------------|--|--|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1331251278

**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:** Civitas Las Vegas Regional Center

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |           |                 |
|--------------|-----------|-----------------|
| City: Dallas | State: TX | Zip Code: 75201 |
|--------------|-----------|-----------------|

|  |  |   |
|--|--|---|
| Web site www.civitascapital.com Address: | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |
|--|--|---|

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |           |                 |
|--------------|-----------|-----------------|
| City: Dallas | State: TX | Zip Code: 75201 |
|--------------|-----------|-----------------|

|  |  |   |
|--|--|---|
| Web site www.civitascapital.com Address: | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |
|--|--|---|

**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): |
|-------------------|---------------------------------|--------------------------------|



**RCW1535153729**

5326 REC CSC SUBJECT 17-13

**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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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 |
| (b)(4)                                 |        |         |

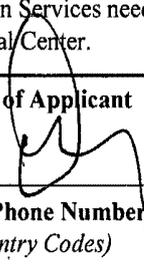
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |           |                 |
|--------------|-----------|-----------------|
| City: Dallas | State: TX | Zip Code: 75201 |
|--------------|-----------|-----------------|

|                                |   |   |
|--------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): (214) 572-2398 | Telephone Number<br>(include area code): (214) 572-2300 |
|--------------------------------|---|---|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1428851924

**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:** Civitas Louisiana Regional Center

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|   |   |  |
|---|---|--|
| City: Dallas                                | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|   |   |  |
|---|---|--|
| City: Dallas                                | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1535153693**

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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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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.)

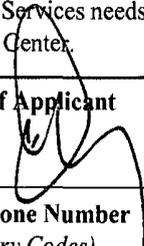
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CIVIL RIGHTS 2015 5338

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>Healy                                     | First<br>Daniel                                | Middle<br>Joseph                                     |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |  |
| City: Dallas  | State: TX                                      | Zip Code: 75201                                      |
| Date of Birth (mm/dd/yyyy)                              | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
| (b)(6)  |  |  |
| Web site address: www.civitascapital.com                |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1428851923

**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:** Civitas Massachusetts Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**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): |



**RCW1535153718**

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 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:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.)

(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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy   | First<br>Daniel                                | Middle<br>Joseph                                     |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200   |  |  |
| City: Dallas (b)(6)   | State: TX                                      | Zip Code: 75201                                      |
| Date of Birth (mm/dd/yyyy)  | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
| Web site address: www.civitascapital.com  |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1125250305 |  |  |

**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:** Civitas Texas Regional Center

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|   |  |   |
|---|--|---|
| City: Dallas                                | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com<br>Address: | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|   |  |   |
|---|--|---|
| City: Dallas                                | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com<br>Address: | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |

**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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**RCW1535053665**

**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:<br>Construction |   | NAICS Code for the Industry Category<br>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<br>_____   |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|   |   |   |
| c. Industry Category Title:                 |   | NAICS Code for the Industry Category<br>_____   |
| 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:<br>Please See Exhibit 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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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 |
| (b)(4)                                 |        |         |

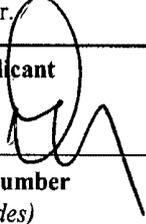
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Blackman | First<br>Adam | Middle<br>Charles |
|------------------------|---------------|-------------------|

In Care Of: N/A

Street Address/P.O. Box: 1240 Huron Road E., Suite 420

|                 |        |           |                 |
|-----------------|--------|-----------|-----------------|
| City: Cleveland | (b)(6) | State: OH | Zip Code: 44115 |
|-----------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (216) 245-0613 | Telephone Number<br>(include area code): (216) 245-0606 |
|-------------------------------|---|---|

Web site address: www.clevelandinternationalfund.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910169

**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:** Cleveland International Fund, LLC

|   |   |  |  |
|---|---|--|--|
| Street Address/P.O. Box: 1240 Huron Road E. Suite 420 |   |  |  |
| City: Cleveland                                       | State: OH   | Zip Code: 44115                                  |  |
| Web site clevelandinternational<br>Address: fund.com  | Fax Number<br>(include area code): (216) 245-0613 | Telephone<br>(include area code): (216) 245-0606 |  |

**B. Name of Managing Company/Agency:** International Regional Center, LLC

|  |   |  |  |
|--|---|--|--|
| Street Address/P.O. Box: 1240 Huron Road E., Suite 420 |   |  |  |
| City: Cleveland  | State: OH   | Zip Code: 44115                                  |  |
| Web site N/A<br>Address:                               | Fax Number<br>(include area code): (216) 245-0613 | Telephone<br>(include area code): (216) 245-0606 |  |

**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<br>A:           | Fax Number<br>(include area code): N/A | Telephone<br>(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 |
|        |                                   |  | 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:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|        |   | N/A   | N/A   |
|        | b. Industry Category Title:<br>Hotels (except Casino Hotels) and Motels           |   | NAICS Code for the Industry Category<br>7 2 1 1 1 0 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|        | Indirect Impact   | N/A   | N/A   |
|        | c. Industry Category Title:<br>Architectural, Engineering and Related Services    |   | NAICS Code for the Industry Category<br>5 4 1 3 0 0 |
|        | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|        | Indirect Impact   | N/A   | 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:<br>ClevelandInternationalFund-MedicalMartHotel |   | Industry Category Title:<br>Construction/Hotel/Restaurant |                    |
|  | Address (Street Number and Name):<br>1240 Huron Rd. E., Ste 420                  | City:<br>Cleveland                          | State:<br>OH  | Zip Code:<br>44115 |
|  | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                |                    |
|  |  | N/A (No I-829 Approval)                     | 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.

(b)(4)

|  |  |   |                    |
|--|--|---|--------------------|
| (1) Business Name:<br>Optima 777, LLC                        |  | Industry Category Title:<br>Construction/Hotel/Restaurant |                    |
| Address (Street Number and Name):<br>777 Saint Clair Ave. NE | City:<br>Cleveland                       | State:<br>OH  | Zip Code:<br>44144 |
| EB-5 Capital Investment:                                     | Direct and Indirect Job Creation:        | Jobs Maintained:<br>N/A                                   |                    |
| (2) Business Name<br>N/A                                     |  | Industry Category Title:<br>N/A                           |                    |
| Address (Street Number and Name):<br>N/A                     | City:<br>N/A                             | State:  | Zip Code:<br>N/A   |
| EB-5 Capital Investment:<br>N/A                              | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A                                   |                    |

(b)(4)

|   |   |  |                    |
|---|---|--|--------------------|
| b. Name of Commercial Enterprise:<br>Cleveland International Fund - Uptown, Ltd |   | Industry Category Title:<br>Commercial Building Construction |                    |
| Address (Street Number and Name):<br>1240 Huron Road E. Suite 420               | City:<br>Cleveland                          | State:<br>OH   | Zip Code:<br>44115 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>AJAPPJR, LLC.                    |                                  | Industry Category Title:<br>Construction |                    |
| Address (Street Number and Name):<br>629 Euclid Avenue | City:<br>Cleveland               | State:<br>OH                             | Zip Code:<br>44114 |
| EB-5 Capital Investment                                | Direct and Indirect Job Creation | Jobs Maintained:<br>N/A                  |                    |

(b)(4)

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| c. Name of Commercial Enterprise:<br>N/A  |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |

**Part 3. Information About the Regional Center (Continued)**

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| d. Name of Commercial Enterprise:<br>N/A  |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A   |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A   | Direct and Indirect Job Creation:<br>N/A           | Jobs Maintained:<br>N/A           |                  |
| (2) Business Name:<br>N/A   |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A   | Direct and Indirect Job Creation:<br>N/A           | Jobs Maintained:<br>N/A           |                  |
| e. Name of Commercial Enterprise:<br>N/A  |  | Industry Category Title:<br>N/A   |                  |
| Address Street Number and Name:<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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)                                 |        |         |

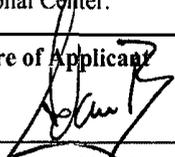
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

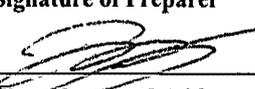
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Adam Blackman                | <b>Date (mm/dd/yyyy)</b><br>12/17/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(216) 245-0609  | <b>E-Mail Address</b><br>blackman@clevelandinternationalfund.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>C.O.O.                |  |  |

**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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Yue Jane Zhang      | <b>Date (mm/dd/yyyy)</b><br>12/21/2015       |
| <b>Firm Name and Address</b><br>Miller Mayer, LLP<br>P.O. Box 6435<br>Ithaca, New York 14851-6435                   |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>607-273-4200   | <b>Fax Number (Area/Country Codes)</b><br>607-272-6694 | <b>E-Mail Address</b><br>yjz@millermayer.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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |        |           |                 |
|--------------|--------|-----------|-----------------|
| City: Dallas | (b)(6) | State: TX | Zip Code: 75201 |
|--------------|--------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
|----------------------------|--|--|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1333351306

**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: Civitas Washington DC Regional Center

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |  |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |  |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |  |

B. Name of Managing Company/Agency: Civitas Management Services, LLC

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |  |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |  |
| Web site www.civitascapital.com<br>Address:             | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |  |

C. Name of Other Agent:

|                          |                                 |                                |  |
|--------------------------|---------------------------------|--------------------------------|--|
| Street Address/P.O. Box: |                                 |                                |  |
| City:                    | State:                          | Zip Code:                      |  |
| Web site<br>Address:     | Fax Number (include area code): | Telephone (include area code): |  |



**RCW1535153715**

maginger I924A 12/17/2015

REC'D CSC 150617 18:23 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:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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 |
| (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.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A**  
**Supplement to Form I-924**

REC-03-150617-135

**Part 1. Information About Principal of the Regional Center**

|                          |                 |                 |
|--------------------------|-----------------|-----------------|
| Name: Last<br>McAllister | First<br>Robert | Middle<br>Rolla |
|--------------------------|-----------------|-----------------|

In Care Of:

Street Address/P.O. Box: P.O. Box 1759

|                        |           |                 |
|------------------------|-----------|-----------------|
| City: Beaverton (b)(6) | State: OR | Zip Code: 97075 |
|------------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span> | Fax Number (include area code): 503-590-1879 | Telephone Number (include area code): 5036808020 |
|--|--|--|

Web site address: www.columbiawillamette.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1220750713 / RC ID1220750713

**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:** Columbia Willamette Investments, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: PO BOX 1759     |  |   |
| City: Beaverton                          | State: OR                                  | Zip Code: 97075                           |
| Web site Address: columbiawillamette.com | Fax Number (include area code): 5035901879 | Telephone (include area code): 5036808020 |

**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): |



**RCW1535153689**

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 |
| [Redacted]                        | 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:<br>Hotels & Motels          |  | NAICS Code for the Industry Category<br>7 2 1 1 1 0 |  |
| Aggregate EB-5 Capital Investment:<br>[Redacted] (b)(4) | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A                   |  |
| b. Industry Category Title:                             |  | NAICS Code for the Industry Category<br>_____       |  |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation:        | Aggregate Jobs Maintained:                          |  |
| c. Industry Category Title:                             |  | NAICS Code for the Industry Category<br>_____       |  |
| 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:<br>EB5 Capital-Jobs Fund 14, LP  |  | Industry Category Title:<br>525 Funds, Trusts, & Other Fin.Vehicles |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd. #104   | City:<br>Bethesda                                  | State:<br>MD  | Zip Code:<br>20816 |
| Aggregate EB-5 Capital Investment:<br>[Redacted] (b)(4)  | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>(1) Business Name:</b><br>Portland Hotel XXVII Owner, LLC            |   | <b>Industry Category Title:</b><br>Hotels & Motels 721110 |                           |
| <b>Address (Street Number and Name):</b><br>2020 K Street NW, Suite 600 | <b>City:</b><br>Washington                      | <b>State:</b><br>DC                                       | <b>Zip Code:</b><br>20006 |
| <b>EB-5 Capital Investment:</b><br>[Redacted] (b)(4)                    | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A                            |                           |
| <b>(2) Business Name</b>  |   | <b>Industry Category Title:</b>                           |                           |
| <b>Address (Street Number and Name):</b>                                | <b>City:</b>                                    | <b>State:</b>   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b>        | <b>Jobs Maintained:</b>                                   |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

I-924-A: SUPPLEMENT for Columbia Willamette Investment Regional Center

Project: EB5 CAPITAL – JOBS FUND 14, LP

**Part 3, Question #3**

|  |   |
|--|---|
| Name of Enterprise   | EB5 Capital – Jobs Fund 14, LP                        |
| Management Contact   | Angelique G. Brunner                                  |
| Industry Category Title  | NAICS Code: 525                                       |
| Address  | 6106 MacArthur Blvd., Suite 104<br>Bethesda, MD 20816 |
| Aggregate EB-5 Capital Investment  | (b)(4)  |
| 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?   | Yes   |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business   |   |
| Business Name  | Portland Hotel XXVII Owner, LLC                       |
| Industry Category Title  | NAICS Code: 72111                                     |
| Address  | 2020 K Street NW, Suite 600,<br>Washington DC 20006   |
| EB-5 Capital Investment  | (b)(4)  |
| Aggregate Direct and Indirect Job Creation   | N/A   |
| Aggregate Jobs Maintained  | N/A   |
| <i>*All data for FY ending September 30, 2015</i>  |   |
| <b>Project Brief Summary:</b>  |   |
| <p>The Regional Center has authorized the new commercial enterprise (“NCE”), EB5 Capital - Jobs Fund 14, LP, as an affiliate under the USCIS Regional Center Program. The NCE is raising (b)(4) by selling a Limited Partner ownership interest (“LP Unit”) for \$500,000 per LP Unit to (b)(4) participating foreign nationals.</p> <p>The project is located in a Targeted Employment Area (“TEA”) in Portland, OR, which allows for a reduced investment pursuant to EB-5 regulations. As described in the Business Plan submitted to the USCIS, the NCE will make a (b)(4) capital investment to help finance the construction of a (b)(4) development and operation of a <i>Canopy by Hilton</i>, new 153-room lifestyle hotel. This project will help create more than (b)(4) new jobs (using RIMS-II methodologies) resulting from construction and operations.</p> <p>As of September 30, 2015, the I-526 Petitions of (b)(4) investors affiliated with the NCE were filed and pending with USCIS.</p> |   |

(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?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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 |
|  |        |         |

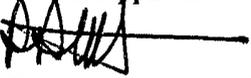
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| NA                                     | NA     | NA      |

**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.

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Robert R. McAllister | <b>Date (mm/dd/yyyy)</b><br>12/14/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>5036808020  | <b>E-Mail Address</b><br>Bob@columbiawillamette.com      |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Hayes | First<br>D. | Middle<br>Rick |
|---------------------|-------------|----------------|

In Care Of: Colorado Regional Center

Street Address/P.O. Box: 300 West 6th Street, Suite 1810

|              |        |           |                 |
|--------------|--------|-----------|-----------------|
| City: Austin | (b)(6) | State: TX | Zip Code: 78701 |
|--------------|--------|-----------|-----------------|

|                                |   |   |
|--------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): (512) 322-9040 | Telephone Number<br>(include area code): (512) 450-5114 |
|--------------------------------|---|---|

Web site address: www.coloradoregionalcenter.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) W09000840/RCW1109750193

**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:** Colorado Regional Center, LLC

|  |   |  |  |
|--|---|--|--|
| Street Address/P.O. Box: 300 West 6th Street, Suite 1810 |   |  |  |
| City: Austin   | State: TX   | Zip Code: 78701                                  |  |
| Web site coloradoregionalcenter<br>Address: .com         | Fax Number<br>(include area code): (512) 322-9040 | Telephone<br>(include area code): (512) 450-5114 |  |

**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<br>Address:     | Fax Number<br>(include area code): N/A | Telephone<br>(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<br>Address:     | Fax Number<br>(include area code): N/A | Telephone<br>(include area code): N/A |  |



**RCW1601954226**

egarcia2 1924A 01/19/2016

[Redacted]

to date  
to date  
to date

(b)(4)

**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 |
| [Redacted]                        | 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:<br>Residential Construction |  | NAICS Code for the Industry Category<br>2 3 3 2 0 0 |
| Aggregate EB-5 Capital Investment:<br>[Redacted]        | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A                   |
| b. Industry Category Title:<br>Bowling                  |  | NAICS Code for the Industry Category<br>7 1 3 9     |
| Aggregate EB-5 Capital Investment:<br>[Redacted]        | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A                   |
| c. Industry Category Title:<br>Restaurants              |  | NAICS Code for the Industry Category<br>7 2 2       |
| Aggregate EB-5 Capital Investment:<br>[Redacted]        | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>Colorado Regional Center Project Solaris, LLLP  |  | Industry Category Title: Restaurants, Bowling, Residential Construction, Retail Trade |                    |
| Address (Street Number and Name):<br>141 East Meadow Drive   | City:<br>Vail                                      | State:<br>CO  | Zip Code:<br>81657 |
| Aggregate EB-5 Capital Investment:<br>[Redacted]   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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 |  |   |                    |

[Redacted] is the total amount invested in Colorado Regional Center Project Solaris, LLLP. Of this amount, the entire [Redacted] has been released to Solaris Property Owner 1, LLC as of 01/30/2015 and still remains invested.

Form I-924A 03/18/15 Y Page 2

d. Industry Category Title: Parking  
Aggregate EB-5 Capital Investment: [Redacted]  
Aggregate Jobs Maintained: N/A

NAICS Code for the Industry Category: [Redacted]  
Aggregate Direct and Indirect Job Creation: N/A

(b)(4)

\*\$82,500,000 to date

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|   |  |   |                    |
|---|--|---|--------------------|
| (1) Business Name:<br>Solaris Property Owner I, LLC   |  | Industry Category Title: <i>Restaurants, Parking, Residential Construction, Bowling</i> |                    |
| Address (Street Number and Name):<br>141 E. Meadow Drive  | City:<br>Vail                            | State:<br>CO  | Zip Code:<br>81657 |
| EB-5 Capital Investment:<br><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A   |                    |
| (2) Business Name:<br>N/A   |  | Industry Category Title:<br>N/A   |                    |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                             | State:<br>  | Zip Code:<br>N/A   |
| EB-5 Capital Investment:<br>N/A   | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A   |                    |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| b. Name of Commercial Enterprise:<br>N/A  |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:<br>                        | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:<br>                      | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| c. Name of Commercial Enterprise:<br>N/A  |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |

**Part 3. Information About the Regional Center (Continued)**

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| d. Name of Commercial Enterprise:<br>N/A  |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A   |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A   | Direct and Indirect Job Creation:<br>N/A           | Jobs Maintained:<br>N/A           |                  |
| (2) Business Name:<br>N/A   |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A   | Direct and Indirect Job Creation:<br>N/A           | Jobs Maintained:<br>N/A           |                  |
| e. Name of Commercial Enterprise:<br>N/A  |  | Industry Category Title:<br>N/A   |                  |
| Address Street Number and Name:<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |
| (2) Business Name:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:                          | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>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.

\* 165 approved to date

**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**.

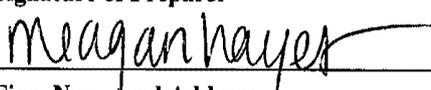
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>D. Rick Hayes          | <b>Date (mm/dd/yyyy)</b><br>12/28/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(512) 450-5114  | <b>E-Mail Address</b><br>rhayes@coloradoregionalcenter.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Meagan Hayes          | <b>Date (mm/dd/yyyy)</b><br>12/28/2015                     |
| <b>Firm Name and Address</b><br>Colorado Regional Center<br>300 West 6th Street, Suite 1810<br>Austin, TX 78701     |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(512) 450-5114   | <b>Fax Number (Area/Country Codes)</b><br>(512) 320-9040 | <b>E-Mail Address</b><br>mhayes@coloradoregionalcenter.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,**  
**Supplement to Form I-924**

RECD CSC 15DEC29 21:01  
5233

**Part 1. Information About Principal of the Regional Center**

|  |  |                                    |   |
|--|--|------------------------------------|---|
| Name: Last<br>Goforth                          |  | First<br>Aaron                     | Middle  |
| In Care Of:                                    |  |                                    |   |
| Street Address/P.O. Box: 1045 Uncochief Circle |  |                                    |   |
| City: Steamboat Springs                        |  | (b)(6)                             | State: CO   |
|  |  |                                    | Zip Code: 80478   |
| Date of Birth<br>(mm/dd/yyyy):                 |  | Fax Number<br>(include area code): | Telephone Number<br>(include area code): (267) 629-9727 |
| Web site address:                              |  |                                    |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1322551194

**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:** Colorado Growth Fund, LLC

|  |                                    |  |                 |
|--|------------------------------------|--|-----------------|
| Street Address/P.O. Box: 1045 Uncochief Circle |                                    |  |                 |
| City: Steamboat Springs                        |                                    | State: CO  | Zip Code: 80478 |
| Web site<br>Address:                           | Fax Number<br>(include area code): | Telephone<br>(include area code): (267) 629-9727 |                 |

**B. Name of Managing Company/Agency:** N/A

|                          |                                    |                                   |           |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: |                                    |                                   |           |
| City:                    |                                    | State: CO                         | Zip Code: |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |           |

**C. Name of Other Agent:** N/A

|                          |                                    |                                   |           |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: |                                    |                                   |           |
| City:                    |                                    | State:                            | Zip Code: |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |           |



**RCW1536554080**

**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:<br>N/A      |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>0 | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0               |
| b. Industry Category Title:             |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>0 | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0               |
| c. Industry Category Title:             |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>0 | Aggregate Direct and Indirect Job Creation:<br>0 | Aggregate Jobs Maintained:<br>0               |

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:<br>N/A  |  | Industry Category Title:<br>N/A   |           |
| Address (Street Number and Name):<br>N/A  | City:  | State:<br>CO                      | Zip Code: |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b><br>N/A          |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                   |                  |
|--|--|-----------------------------------|------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>           |                  |
| <b>(2) Business Name:</b><br>N/A   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>           |                  |
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address Street Number and Name:</b>   | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |                                   |                  |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>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:<br>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)                                 |        |         |

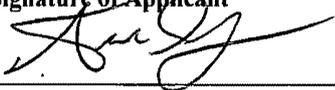
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Aaron Goforth   | <b>Date (mm/dd/yyyy)</b><br>12-24-15 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>2676299727   | <b>E-Mail Address</b><br>aaron@wrightjohnsonllc.com |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |           |                 |
|--------------|-----------|-----------------|
| City: Dallas | State: TX | Zip Code: 75201 |
|--------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (214) 572-2398 | Telephone Number<br>(include area code): (214) 572-2300 |
|-------------------------------|---|---|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1307451108

**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:** Civitas New York Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

**B. Name of Managing Company/Agency:** Civitas Management Services, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |   |  |
| City: Dallas  | State: TX   | Zip Code: 75201                                  |
| Web site<br>Address: www.civitascapital.com             | Fax Number<br>(include area code): (214) 572-2398 | Telephone<br>(include area code): (214) 572-2300 |

**C. Name of Other Agent:**

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(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 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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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 |
| (b)(4)                                 |        |         |

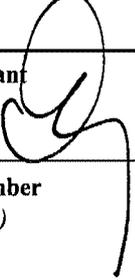
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Hogan | First<br>Patrick | Middle<br>Francis |
|---------------------|------------------|-------------------|

In Care Of: CMB Southeast 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) RCW1231250800 / RC ID 1231250800

**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 Southeast 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 Southeast 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): |



**RCW1534453553**

egarcia2 I924A 12/10/2015

REC'D CST 15DEC 15 11 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:<br>Construction |   | NAICS Code for the Industry Category<br>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<br>_____ |  |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
|   |   |   |  |
| c. Industry Category Title:                 |   | NAICS Code for the Industry Category<br>_____ |  |
| 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:<br>CMB North Carolina Inf. Inv. Group 50, L.P.   |   | Industry Category Title:<br>Construction |   |
| Address (Street Number and Name):<br>7819 42nd Street W.   | City:<br>Rock Island                        | State:<br>IL                             | Zip Code:<br>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.

(b)(4)

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>MAG Bear Lake Holdings, LLC                 |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>15442 Knoll Trail Dr. Ste130 | <b>City:</b><br>Dallas                   | <b>State:</b><br>TX                             | <b>Zip Code:</b><br>75248 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |
|  |  |   |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>                 |                           |
| <b>Address (Street Number and Name):</b>                                 | <b>City:</b>                             | <b>State:</b>                                   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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 |
| [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.

|  |  |                                       |
|--|--|---------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Patrick F. Hogan | <b>Date (mm/dd/yyyy)</b><br>12/8/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(309) 797-1550  | <b>E-Mail Address</b><br>pat@cmbbeb5visa.com         |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

C30056  
REC'D CST 149129 1613

**Part 1. Information About Principal of the Regional Center**

|  |                  |  |
|--|------------------|--|
| Name: Last<br>Hogan                            | First<br>Patrick | Middle<br>Francis                                    |
| In Care Of: CMB Southeast Regional Center, LLC |                  |  |
| Street Address/P.O. Box: 7819 42nd Street W.   |                  |  |
| City: Rock Island                              | (b)(6)           | State: IL  |
| Date of Birth (mm/dd/yyyy)                     |                  | Zip Code: 61201                                      |
| 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/1231250800/RC ID1231250800

**Part 2. Application Type (check one)**

- a. Supplement for the Fiscal Year Ending September 30, 2014 (YYYY)
- b. Supplement for a Series of Fiscal Years Beginning on October 1, \_\_\_\_\_ (YYYY) and Ending on September 30, \_\_\_\_\_ (YYYY)

**Part 3. Information About the Regional Center**

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals, or entities who are or will be involved in the management, oversight, and administration of the regional center.)

**A. Name of Regional Center:** CMB Southeast 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 Southeast Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 7819 42nd Street W. |  |   |
| City: Rock Island                            | State: IL                                      | Zip Code: 61201                               |
| Web site Address: www.cmbeb5visa.com         | Fax Number (include area code): (855) 852-5133 | Telephone (include area code): (309) 797-1550 |

**C. Name of Other Agent:** N/A

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site Address:        | Fax Number (include area code): | Telephone (include area code): |



**RCW1500552353**

egarcia2 1924A 12/29/2014

**Part 3. Information About the Regional Center (Continued)**

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in "troubled businesses.")

(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:<br>Construction |   | NAICS Code for the Industry Category<br>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:<br>CMB   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
|  |   |                            |           |
| Does this EB-5 commercial enterprise serve as a 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:         |           |
| <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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

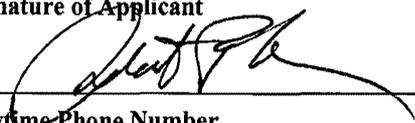
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Patrick F. Hogan | <b>Date (mm/dd/yyyy)</b><br>12/15/2014 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(309) 797-1550                                       | <b>E-Mail Address</b><br>pat@cmbbeb5visa.com         |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15 JAN 22 10:58  
C33060

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Hogan  | First<br>Patrick                               | Middle<br>Francis                                    |
| In Care Of: CMB Southeast 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): <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span> | 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/1231250800/RC ID1231250800                       |

**Part 2. Application Type (check one)**

- a. Supplement for the Fiscal Year Ending September 30, 2014 (YYYY)
- b. Supplement for a Series of Fiscal Years Beginning on October 1, \_\_\_\_\_ (YYYY) and Ending on September 30, \_\_\_\_\_ (YYYY)

**Part 3. Information About the Regional Center**

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals, or entities who are or will be involved in the management, oversight, and administration of the regional center.)

**A. Name of Regional Center:** CMB Southeast 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 Southeast Regional Center, LLC

Street Address/P.O. Box: 7819 42nd Street W.

|                                      |  |   |
|--------------------------------------|--|---|
| City: Rock Island                    | State: IL                                      | Zip Code: 61201                               |
| Web site Address: www.cmbeb5visa.com | Fax Number (include area code): (855) 852-5133 | Telephone (include area code): (309) 797-1550 |

**C. Name of Other Agent:** N/A

Street Address/P.O. Box:

|                   |                                 |                                |
|-------------------|---------------------------------|--------------------------------|
| City:             | State:                          | Zip Code:                      |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |



**RCW1502252564**  
maginger 1924A 01/22/2015

**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:<br>Construction |   | NAICS Code for the Industry Category<br>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<br>----- |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                 |   | NAICS Code for the Industry Category<br>----- |
| 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:<br>CMB Infrastructure Investment Group 26, L.P   |   | Industry Category Title:<br>23 |                    |
| Address (Street Number and Name):<br>7819 42nd Street W.   | City:<br>Rock Island                        | State:<br>IL                   | Zip Code:<br>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.

|  |  |                                       |                           |
|--|--|---------------------------------------|---------------------------|
| <b>(1) Business Name:</b><br>RE Projects - JCCC A-1, LLC                 |  | <b>Industry Category Title:</b><br>23 |                           |
| <b>Address (Street Number and Name):</b><br>3090 Olive Street, Suite 300 | <b>City:</b><br>Dallas                   | <b>State:</b><br>TX                   | <b>Zip Code:</b><br>75219 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>               |                           |
| [Redacted]   |  |                                       |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>       |                           |
| <b>Address (Street Number and Name):</b>                                 | <b>City:</b>                             | <b>State:</b><br>TX                   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>               |                           |

(b)(4)

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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)                                 |        |         |

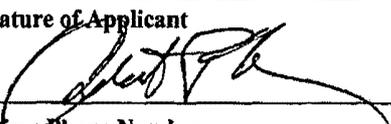
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Patrick F. Hogan | <b>Date (mm/dd/yyyy)</b><br>12/15/2014 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(309) 797-1550                                       | <b>E-Mail Address</b><br>pat@cmbbeb5visa.com         |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 13DEC26 15:16  
C30060

**Part 1. Information About Principal of the Regional Center**

|  |                  |  |
|--|------------------|--|
| Name: Last<br>Hogan                            | First<br>Patrick | Middle<br>Francis                                    |
| In Care Of: CMB Southeast Regional Center, LLC |                  |  |
| Street Address/P.O. Box: 7819 42nd Street W.   |                  |  |
| City: Rock Island                              | (b)(6)           | State: IL  |
| Date of Birth (mm/dd/yyyy)                     |                  | Zip Code: 61201                                      |
| 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) RCW1231250800 / RC ID1231250800

**Part 2. Application Type (check one)**

- a. Supplement for the Fiscal Year Ending September 30, 2013 (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 Southeast 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 Southeast 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): |



**RCW1336151514**

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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:<br>Construction |   | NAICS Code for the Industry Category<br>2 3   |  |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
|   |   |   |  |
|   |   | NAICS Code for the Industry Category<br>----- |  |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
| c. Industry Category Title:                 |   | NAICS Code for the Industry Category<br>----- |  |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

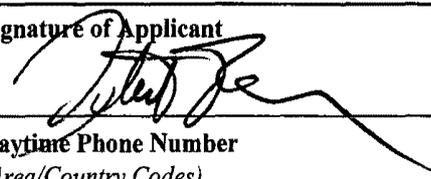
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Patrick F. Hogan | <b>Date (mm/dd/yyyy)</b><br>12/09/2013 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>3097971550  | <b>E-Mail Address</b><br>pat@cmbbeb5visa.com         |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

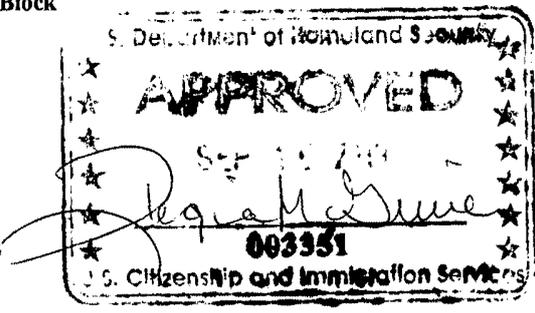
|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924, Application for Regional Center  
Under the Immigrant Investor Pilot Program**

REC'D CIVIL RIGHTS 7 28:30  
C30056

**Do Not Write in This Block - for USCIS Use Only (except G-28 block below)**

|  |  |
|--|--|
| <p><b>Action Block</b></p>  |  <p style="font-size: 24pt; font-weight: bold;">RCW1231250800</p> <p>egarcia2      1924      11/07/2012</p> <p><input checked="" type="checkbox"/> G-28 attached</p> <p>Attorney's State License No.<br/>146597 / 208665</p> |
|--|--|

**Part 1. Information About Principal of the Regional Center**

|                         |                      |                       |
|-------------------------|----------------------|-----------------------|
| Name: Last<br><br>Hogan | First<br><br>Patrick | Middle<br><br>Francis |
|-------------------------|----------------------|-----------------------|

C/O:

Street Address/P.O. Box: 7819 42nd Street West

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: Rock Island (b)(6) | State: IL | Zip Code: 61201 |
|--------------------------|-----------|-----------------|

|   |  |  |
|---|--|--|
| Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Fax Number (include area code): (855) 852-5133 | Telephone Number (include area code): (309) 797-1550 |
|---|--|--|

Web site address: www.cmbeb5visa.com

**Part 2. Application Type (Check one)**

- a. Initial Application for Designation as a Regional Center
- b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): \_\_\_\_\_

**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 Southeast Regional Center, LLC

Street Address/P.O. Box: 7819 42nd Street West

|   |   |   |
|---|---|---|
| City: Rock Island                       | State: IL   | Zip Code: 61201   |
| Web site address:<br>www.cmbeb5visa.com | Fax Number (include area code):<br>(855) 852-5133 | Telephone Number (include area code):<br>(309) 797-1550 |



**Part 3. Information About the Regional Center (Continued)**

**B. Name of Managing Company/Agency:** CMB Southeast Regional Center, LLC

Street Address/P.O. Box: 7819 42nd Street West

|   |   |   |
|---|---|---|
| City: Rock Island                       | State: IL   | Zip Code: 61201   |
| Web site address:<br>www.cmbeb5visa.com | Fax Number (include area code):<br>(855) 852-5133 | Telephone Number (include area code):<br>(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 Southeast Regional Center, LLC will be operated by the same principals, management team, and highly-experienced staff that operate the CMB Export LLC and CMB Summit LLC regional centers (collectively, the "CMB Regional Centers.") The CMB Regional Centers have operated collectively for more than 15 years and have raised capital from over 1,000 EB5 investors. CMB's senior management is comprised of the following individuals:

President: Patrick F. Hogan (hereinafter "Mr. Hogan")  
Senior Vice President: Kraig A. Schwigen  
Executive Director: Ky Boyle  
Director of Company Operations: Pam Ellis



**Part 3. Information About the Regional Center (Continued)**

**Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

**1a.** Describe the structure, ownership and control of the regional center entity.

CMB Southeast Regional Center, LLC is wholly-owned and controlled by Mr. Hogan.

**b.** Date the Regional Center was established(mm/dd/yyyy): \_\_\_\_\_

**c.** Organization Structure for the Regional Center:

- 1. Agency of a U.S. State or Territory (identify) \_\_\_\_\_
- 2. Corporation
- 3. Partnership (including Limited Partnership)
- 4. Limited Liability Company (LLC)
- 5. Other (Explain) \_\_\_\_\_

**2.** Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?

- No     Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.

**3.** Describe the geographic area of the regional center. **Note:** This area must be contiguous. Provide a map of the geographic area.

CMB Southeast Regional Center, LLC intends to include the entire states of Florida and Georgia within its geographic scope as a regional center (please see attached map).

**4.** Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.

The CMB Regional Centers have been operating collectively for over 15 years. Throughout this period, Mr. Hogan has overseen the regional centers' successful compliance with all monitoring and reporting requirements with USCIS, and will continue to follow compliance procedures for CMB Southeast 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 their I-829 petition.



**Part 3. Information About the Regional Center (Continued)**

5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.

Please refer to Operational Plan and statement from Mr. Hogan regarding promotional activities.

6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.

CMB Southeast Regional Center, LLC will conduct due diligence in evaluating prospective EB-5 investors, including lawful source of funds. Please refer to Operational Plan and statement from Mr. Hogan for additional details.

7. Identify each industry that has or will be the focus of EB-5 capital investments sponsored through the regional center.

|   |  |
|---|--|
| <p>Industry Category Title:<br/> <input style="width: 100%;" type="text" value="Construction"/></p> <p>NAICS Code for the Industry Category:<br/> <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</p> <p><input checked="" type="checkbox"/> Yes</p> |
| <p>Industry Category Title:<br/> <input style="width: 100%;" type="text"/></p> <p>NAICS Code for the Industry Category:<br/>         _____</p>  | <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>            |
| <p>Industry Category Title:<br/> <input style="width: 100%;" type="text"/></p> <p>NAICS Code for the Industry Category:<br/>         _____</p>  | <p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>            |



**Part 3. Information About the Regional Center (Continued)**

**8a.** Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

As outlined in the sample Limited Partnership Agreement, each organized offering will be structured as a limited partnership with CMB Southeast Regional Center, LLC serving as a General Partner or Co-General Partner. The General Partner will hold 20% interest in the limited partnership, and EB-5 investors will collectively own the remaining 80% of the enterprise.

**b.** Date commercial enterprise established, if any (mm/dd/yyyy): \_\_\_\_\_

**c.** Organization Structure for commercial enterprise:

- 1. Corporation
- 2. Partnership (including Limited Partnership)
- 3. Limited Liability Company (LLC)
- 4. Other (Explain) \_\_\_\_\_

**d.** Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

**e.** Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?

- No
- Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

**Part 4. Applicant Signature** *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must compete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>   | <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(309) 797-1550 | <b>Date (mm/dd/yyyy)</b><br>10/16/2012 |
| <b>Printed Name of Applicant</b><br>Patrick F. Hogan   | <b>E-Mail Address</b><br>pat@cmb5visa.com                                    |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br>         | <b>Printed Name of Preparer</b><br>Lincoln Stone / Elsie Arias | <b>Date (mm/dd/yyyy)</b><br>11/1/2012                                |
| <b>Firm Name and Address</b><br>Stone & Grzegorek LLP<br>800 Wilshire Boulevard, Suite 900, Los Angeles, California 90017 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br><br>(213) 627-8997   | <b>Fax Number (Area/Country Codes)</b><br><br>(213) 627-8998   | <b>E-Mail Address</b><br><br>elsie@lskglaw.com / lincoln@lskglaw.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<br>Wong | First<br>Benjamin | Middle |
|--------------------|-------------------|--------|

In Care Of: CP Southern Regional Center

Street Address/P.O. Box: 3131 McKinney Ave., Suite 305

|                     |           |                 |
|---------------------|-----------|-----------------|
| City: Dallas (b)(6) | State: TX | Zip Code: 75204 |
|---------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (214) 347-7142 | Telephone Number (include area code): (214) 347-7140 |
|----------------------------|--|--|

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1200350481

**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: CP Tennessee Regional Center Inc. dba CP Southern Regional Center

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3131 McKinney Ave., Suite 305 |  |   |
| City: Dallas   | State: TX                                      | Zip Code: 75204                               |
| Web site N/A<br>Address:                               | Fax Number (include area code): (214) 347-7142 | Telephone (include area code): (214) 247-7140 |

B. Name of Managing Company/Agency: N/A

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>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<br>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 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".)

(b)(4)

|   |   |   |
|---|---|---|
| a. Industry Category Title:<br>Assisted Living Facilities |   | NAICS Code for the Industry Category<br>6 2 3 3 1 1 |
| Aggregate EB-5 Capital Investment:                        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br>N/A                        |   | NAICS Code for the Industry Category<br>_____       |
| Aggregate EB-5 Capital Investment:                        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:<br>N/A                        |   | NAICS Code for the Industry Category<br>_____       |
| 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:<br>CP Homes 4 (Alabama) LP   |   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>2807 Allen St., Suite 337   | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |
|  |   |  |                    |
| Does this EB-5 commercial enterprise serve as a 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:<br>CP 4 (AL), Inc.                              |                                   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>3131 McKinney Ave., Suite 475 | City:<br>Dallas                   | State:<br>TX   | Zip Code:<br>75204 |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation: | Jobs Maintained:                                       |                    |
|  |                                   |  |                    |
| (2) Business Name<br>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)(4)

|  |   |  |                    |
|--|---|--|--------------------|
| b. Name of Commercial Enterprise:<br>CP Homes 5 (Alabama) LP   |   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>2807 Allen St., Suite 337 | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204 |
| Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |
|  |   |  |                    |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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:<br>CP 5 (AL), Inc.                              |                                  | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>3131 McKinney Ave., Suite 475 | City:<br>Dallas                  | State:<br>TX   | Zip Code:<br>75204 |
| EB-5 Capital Investment  | Direct and Indirect Job Creation | Jobs Maintained  |                    |
|  |                                  |  |                    |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>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:<br>CP Homes 8 (Alabama) LP   |   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>2807 Allen St., Suite 337 | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204 |
| Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |
| [Redacted]   |   |  |                    |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| (1) Business Name:<br>CP 8 (AL), Inc.                              |                                   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>3131 McKinney Ave., Suite 475 | City:<br>Dallas                   | State:<br>TX   | Zip Code:<br>75204 |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation: | Jobs Maintained:                                       |                    |
| [Redacted]   |                                   |  |                    |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>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:<br>CP Homes 12 (Alabama) LP  |   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>2807 Allen St., Suite 337 | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204 |
| Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |
| [Redacted]   |   |  |                    |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| (1) Business Name:<br>CP 12 (AL), Inc.                             |                                   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>3131 McKinney Ave., Suite 475 | City:<br>Dallas                   | State:<br>TX   | Zip Code:<br>75204 |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation: | Jobs Maintained:                                       |                    |
| [Redacted]   |                                   |  |                    |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>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:<br>CP Homes 17 (Alabama) LP |   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address Street Number and Name:<br>2807 Allen St., Suite 337  | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204 |
| Aggregate EB-5 Capital Investment:                            | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |
| [Redacted]  |   |  |                    |

Does this EB-5 commercial enterprise 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:<br>CP 17 (AL) LLC                               |                                   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>3131 McKinney Ave., Suite 475 | City:<br>Dallas                   | State:<br>TX   | Zip Code:<br>75204 |
| (b)(4) EB-5 Capital Investment:                                    | Direct and Indirect Job Creation: | Jobs Maintained:                                       |                    |
| (2) Business Name:<br>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.

|   |   |                                       |
|---|---|---------------------------------------|
| <b>Signature of Applicant</b><br><i>BENJAMIN W.</i>   | <b>Printed Name of Applicant</b><br>Benjamin Wong | <b>Date (mm/dd/yyyy)</b><br>12/9/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 347-7140                                 | <b>E-Mail Address</b><br>benjamin@cphomes.us      |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |  |
|--|--|--|
| <b>Signature of Preparer</b><br><i>Robert C. Divine</i>  | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>12/15/2015             |
| <b>Firm Name and Address</b><br>Baker Donelson<br>1900 Republic Centre<br>633 Chestnut Street, Chattanooga, TN 37450 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416  | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9533 | <b>E-Mail Address</b><br>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<br>QIAO   |   | First<br>Tingfu                                       | Middle          |
| In Care Of: Crown Point Regional Center  |   |   |                 |
| Street Address/P.O. Box: 11233 Shadow Creek Parkway, Suite 289   |   |   |                 |
| City: Pearland (b)(6)  |   | State: Texas  | Zip Code: 77584 |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): 713-784-7785 | Telephone Number<br>(include area code): 281-741-3837 |                 |
| Web site address:  |   |   |                 |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |   | RCA1031910013 (formerly W09001670)                    |                 |

**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:** Crown Point Regional Center

Street Address/P.O. Box: 11233 Shadow Creek Parkway, Suite 289

|                   |  |   |                 |
|-------------------|--|---|-----------------|
| City: Pearland    |  | State: Texas                                | Zip Code: 77584 |
| Web site Address: | Fax Number (include area code): 713-784-7785 | Telephone (include area code): 281-741-3837 |                 |

**B. Name of Managing Company/Agency:** Crown Point Regional Center, LLC

Street Address/P.O. Box: 11233 Shadow Creek Parkway, Suite 289

|                   |  |   |                 |
|-------------------|--|---|-----------------|
| City: Pearland    |  | State: TX                                   | Zip Code: 77584 |
| Web site Address: | Fax Number (include area code): 713-784-7785 | Telephone (include area code): 281-741-3837 |                 |

**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): |           |



**RCW1536253931**

egarcia2 I924A 12/24/2015

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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 |
|        | [Redacted]                        |  |                           |

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 |
|            | Continuing Care Retirement Communities for the Elderly |   | 6 2 3 3                              |
|            | Aggregate EB-5 Capital Investment:                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
| [Redacted] |  |   |                                      |

|            |                                      |   |                                      |
|------------|--------------------------------------|---|--------------------------------------|
| (b)(4)     | b. Industry Category Title:          |   | NAICS Code for the Industry Category |
|            | Nonresidential Building Construction |   | 2 3 6 2                              |
|            | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |
| [Redacted] |                                      |   |                                      |

|            |                                    |   |                                      |
|------------|------------------------------------|---|--------------------------------------|
| (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:           |
| [Redacted] |                                    |   |                                      |

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:             |   |
|  | Crown Senior Investment Fund, LP   |   | Nonresidential Building Construction |   |
|  | Address (Street Number and Name):  | City:                                       | State:                               | Zip Code:   |
|  | 11233 Shadow Creek Pkwy, Ste. 289  | Pearland                                    | Texas                                | 77584   |
|  | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |   |
| [Redacted]   |                                    |   |                                      |   |
| Does this EB-5 commercial 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:<br>Pearland                 | State:<br>Texas          | Zip Code:<br>77584 |
| 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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**.

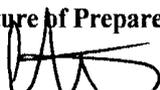
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |                          |
|--|---|--------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Tingfu Qiao   | <b>Date (mm/dd/yyyy)</b> |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>281-741-3837  | <b>E-Mail Address</b><br>qiaotingfu@modernland.hk |                          |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |   |  |
|---|---|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>John Meyer / Christian Trantaphyllis | <b>Date (mm/dd/yyyy)</b><br>12/23/2015   |
| <b>Firm Name and Address</b><br>Foster LLP, 600 Travis Street Suite 2000, Houston, Texas 77002                      |   |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>713-229-8733   | <b>Fax Number (Area/Country Codes)</b><br>713-228-1303                  | <b>E-Mail Address</b><br>jmeyer@fosterglobal.com / ctrantaphyllis@fosterglobal.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<br>Wong | First<br>Benjamin | Middle |
|--------------------|-------------------|--------|

In Care Of: CP Regional Center

Street Address/P.O. Box: 3131 McKinney Ave., Suite 305

|                     |           |                 |
|---------------------|-----------|-----------------|
| City: Dallas (b)(6) | State: TX | Zip Code: 75204 |
|---------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (214) 347-7142 | Telephone Number (include area code): (214) 347-7140 |
|-----------------------------|--|--|

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910070

**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: CP Regional Center

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3131 McKinney Ave., Suite 305 |  |   |
| City: Dallas   | State: TX                                      | Zip Code: 75204                               |
| Web site N/A<br>Address:                               | Fax Number (include area code): (214) 347-7142 | Telephone (include area code): (214) 247-7140 |

B. Name of Managing Company/Agency: N/A

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>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<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW1534953659**  
maginger I924A 12/15/2015

**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".)

(b)(4)

|   |   |   |
|---|---|---|
| a. Industry Category Title:<br>Assisted Living Facilities |   | NAICS Code for the Industry Category<br>6 2 3 3 1 1 |
| Aggregate EB-5 Capital Investment:                        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br>N/A                        |   | NAICS Code for the Industry Category<br>_____       |
| Aggregate EB-5 Capital Investment:                        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:<br>N/A                        |   | NAICS Code for the Industry Category<br>_____       |
| 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:<br>CP Living 1 (Texas) LP  |   | Industry Category Title:<br>Assisted Living Facilities |   |
| Address (Street Number and Name):<br>2807 Allen St., Suite 337   | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |   |
|  |   |  |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>CP Assisted Living 1 (TX) LLC |  | <b>Industry Category Title:</b><br>Assisted Living Facilities |  |
|--|--|---|--|

|   |                        |                     |                           |
|---|------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>3131 McKinney Ave., Suite 475 | <b>City:</b><br>Dallas | <b>State:</b><br>TX | <b>Zip Code:</b><br>75204 |
|---|------------------------|---------------------|---------------------------|

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
| (b)(4)                          |  |                         |

|                                 |  |                                 |  |
|---------------------------------|--|---------------------------------|--|
| <b>(2) Business Name</b><br>N/A |  | <b>Industry Category Title:</b> |  |
|---------------------------------|--|---------------------------------|--|

|  |              |               |                  |
|--|--------------|---------------|------------------|
| <b>Address (Street Number and Name):</b> | <b>City:</b> | <b>State:</b> | <b>Zip Code:</b> |
|  |              |               |                  |

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
|                                 |  |                         |

|  |  |   |  |
|--|--|---|--|
| <b>b. Name of Commercial Enterprise:</b><br>CP Living 2 (Texas) LP |  | <b>Industry Category Title:</b><br>Assisted Living Facilities |  |
|--|--|---|--|

|   |                        |                     |                           |
|---|------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>2807 Allen St., Suite 337 | <b>City:</b><br>Dallas | <b>State:</b><br>TX | <b>Zip Code:</b><br>75204 |
|---|------------------------|---------------------|---------------------------|

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
| (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.

|  |  |   |  |
|--|--|---|--|
| <b>(1) Business Name:</b><br>CP 2 (TX) LLC |  | <b>Industry Category Title:</b><br>Assisted Living Facilities |  |
|--|--|---|--|

|   |                        |                     |                           |
|---|------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>3131 McKinney Ave., Suite 475 | <b>City:</b><br>Dallas | <b>State:</b><br>TX | <b>Zip Code:</b><br>75204 |
|---|------------------------|---------------------|---------------------------|

|                                |   |                        |
|--------------------------------|---|------------------------|
| <b>EB-5 Capital Investment</b> | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b> |
| (b)(4)                         |   |                        |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>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:<br>CP Living 3 (Texas) LP    |   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>2807 Allen St., Suite 337 | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204 |
| Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |
| [Redacted]   |   |  |                    |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| (1) Business Name:<br>CP 3 (TX) LLC                                |                                   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>3131 McKinney Ave., Suite 475 | City:<br>Dallas                   | State:<br>TX   | Zip Code:<br>75204 |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation: | Jobs Maintained:                                       |                    |
| [Redacted]   |                                   |  |                    |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>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:<br>CP Living 4 (Texas) LP  |   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>2807 Allen St., Suite 337   | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |
| Does this EB-5 commercial enterprise serve as a 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:<br>CP 4 (TX) LLC  |   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>3131 McKinney Ave., Suite 475   | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204 |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:                                       |                    |
| (2) Business Name:<br>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:<br>CP Living 5 (Texas) LP  |   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address Street Number and Name:<br>2807 Allen St., Suite 337   | City:<br>Dallas                             | State:<br>TX   | Zip Code:<br>75204 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                             |                    |
| Does this EB-5 commercial enterprise serve as a 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)

(b)(4)

(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:<br>CP 5 (TX) LLC                                |                                   | Industry Category Title:<br>Assisted Living Facilities |                    |
| Address (Street Number and Name):<br>3131 McKinney Ave., Suite 475 | City:<br>Dallas                   | State:<br>TX   | Zip Code:<br>75204 |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation: | Jobs Maintained:                                       |                    |
|  |                                   |  |                    |
| (2) Business Name:<br>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)(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 |
|  |        |         |

(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.)

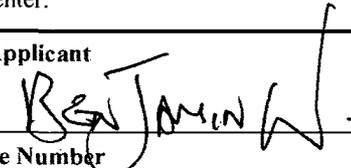
| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
|  |        |         |

(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**.

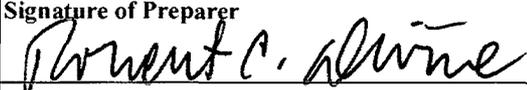
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |                                       |
|--|---|---------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Benjamin Wong | <b>Date (mm/dd/yyyy)</b><br>12/9/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 347-7140  | <b>E-Mail Address</b><br>benjamin@cphomes.us      |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |  |
|--|--|--|
| <b>Signature of Preparer</b><br>                                    | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>12/15/2015             |
| <b>Firm Name and Address</b><br>Baker Donelson Bearmand Caldwell & Berkowitz, PC<br>1900 Republic Centre<br>633 Chestnut Street, Chattanooga, TN 37450 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416  | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9533 | <b>E-Mail Address</b><br>rdivine@bakerdonelson.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC29 20:42  
5233

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Desa                                       | First<br>Anthony                               | Middle<br>n/a  |
| In Care Of: n/a  |  |  |
| Street Address/P.O. Box: 10655 Park Run Drive, Suite 210 |  |  |
| City: Las Vegas (b)(6)                                   | State: NV                                      | Zip Code: 89144                                      |
| Date of Birth (mm/dd/yyyy)                               | Fax Number (include area code): (702) 658-9388 | Telephone Number (include area code): (702) 658-8080 |
| Web site address: www.ccrcc.us                           |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1036450138

**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:** Clark County Regional Center

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 10655 Park Run Drive, Suite 210 |  |   |
| City: Las Vegas  | State: NV                                      | Zip Code: 89144                               |
| Web site www.ccrcc.us<br>Address:                        | Fax Number (include area code): (702) 658-9388 | Telephone (include area code): (702) 658-8080 |

**B. Name of Managing Company/Agency:** Landmark Development Partners, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 10655 Park Run Drive, Suite 210 |  |   |
| City: Las Vegas  | State: NV                                      | Zip Code: 89144                               |
| Web site n/a<br>Address:                                 | Fax Number (include area code): (702) 658-9388 | Telephone (include area code): (702) 658-8080 |

**C. Name of Other Agent:** None

|                              |                                 |                                |
|------------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: n/a |                                 |                                |
| City:                        | State:                          | Zip Code:                      |
| Web site<br>Address:         | Fax Number (include area code): | Telephone (include area code): |



**RCW1536554075**

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.")

(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:<br>Skilled Nursing |   | NAICS Code for the Industry Category<br>6 2 3 1 1 |
| Aggregate EB-5 Capital Investment:             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
|  |   |   |
| b. Industry Category Title:<br>n/a             |   | NAICS Code for the Industry Category<br>-----     |
| Aggregate EB-5 Capital Investment:             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
|  |   |   |
| c. Industry Category Title:<br>n/a             |   | NAICS Code for the Industry Category<br>-----     |
| 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:<br>Spring Valley Investment Properties, LP   |   | Industry Category Title:<br>NAICS 62 |                    |
| Address (Street Number and Name):<br>10655 Park Run Dr, Ste 210  | City:<br>Las Vegas                          | State:<br>NV                         | Zip Code:<br>89144 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:           |                    |
|  |   |                                      |                    |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Southern Hills Investments, LLC |  | <b>Industry Category Title:</b><br>NAICS 62 |  |
|--|--|---|--|

|   |                           |                     |                           |
|---|---------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>10655 Park Run Dr., Suite 210 | <b>City:</b><br>Las Vegas | <b>State:</b><br>NV | <b>Zip Code:</b><br>89144 |
|---|---------------------------|---------------------|---------------------------|

(b)(4)

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
|                                 |  |                         |

|                                 |  |                                 |  |
|---------------------------------|--|---------------------------------|--|
| <b>(2) Business Name</b><br>n/a |  | <b>Industry Category Title:</b> |  |
|---------------------------------|--|---------------------------------|--|

|  |              |               |                  |
|--|--------------|---------------|------------------|
| <b>Address (Street Number and Name):</b> | <b>City:</b> | <b>State:</b> | <b>Zip Code:</b> |
|  |              |               |                  |

|                                 |  |                         |
|---------------------------------|--|-------------------------|
| <b>EB-5 Capital Investment:</b> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> |
|                                 |  |                         |

|  |  |   |  |
|--|--|---|--|
| <b>b. Name of Commercial Enterprise:</b><br>Nevada Senior Housing Investment Prop., LP |  | <b>Industry Category Title:</b><br>NAICS 62 |  |
|--|--|---|--|

|   |                           |                     |                           |
|---|---------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>10655 Park Run Dr., Suite 210 | <b>City:</b><br>Las Vegas | <b>State:</b><br>NV | <b>Zip Code:</b><br>89144 |
|---|---------------------------|---------------------|---------------------------|

(b)(4)

|   |  |                                   |
|---|--|-----------------------------------|
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |
|   |  |                                   |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>Nevada Senior Housing Holdings, LLC |  | <b>Industry Category Title:</b><br>NAICS 62 |  |
|--|--|---|--|

|  |                           |                     |                           |
|--|---------------------------|---------------------|---------------------------|
| <b>Address (Street Number and Name):</b><br>1530 Via Salaria Court | <b>City:</b><br>Henderson | <b>State:</b><br>NV | <b>Zip Code:</b><br>89052 |
|--|---------------------------|---------------------|---------------------------|

|                                |   |                        |
|--------------------------------|---|------------------------|
| <b>EB-5 Capital Investment</b> | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b> |
|                                |   |                        |

(b)(4)

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>n/a         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>n/a |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>n/a         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>n/a         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**Part 3. Information About the Regional Center (Continued)**

|   |   |                            |           |
|---|---|----------------------------|-----------|
| d. Name of Commercial Enterprise:<br>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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:<br>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:<br>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:<br>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 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>n/a         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name:</b><br>n/a         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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)                                 |        |         |

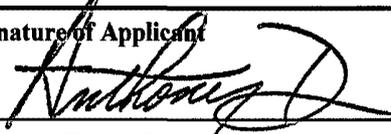
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

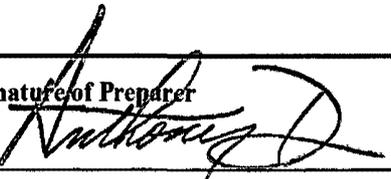
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Anthony Desa | <b>Date (mm/dd/yyyy)</b> |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(702) 658-8080  | <b>E-Mail Address</b><br>ad@ccrc.us              |                          |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                                     |
|--|--|-------------------------------------|
| <b>Signature of Preparer</b><br>          | <b>Printed Name of Preparer</b><br>Anthony Desa          | <b>Date (mm/dd/yyyy)</b>            |
| <b>Firm Name and Address</b><br>Landmark Development Partners, LLC<br>10655 Park Run Drive, Suite 210<br>Las Vegas, NV 89144 |  |                                     |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(702) 658-8080  | <b>Fax Number (Area/Country Codes)</b><br>(702) 658-9388 | <b>E-Mail Address</b><br>ad@ccrc.us |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC 8 2015 9236

**Part 1. Information About Principal of the Regional Center**

|                         |                  |        |
|-------------------------|------------------|--------|
| Name: Last<br>MIHAILOVA | First<br>TATIANA | Middle |
|-------------------------|------------------|--------|

In Care Of: DIVERSIFIED GLOBAL INVESTMENT, LLC

Street Address/P.O. Box: 3060 PEACHTREE ROAD NW SUITE 1855

|               |        |           |                 |
|---------------|--------|-----------|-----------------|
| City: ATLANTA | (b)(6) | State: GA | Zip Code: 30305 |
|---------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): 404-365-2050 | Telephone Number<br>(include area code): 404-365-2040 |
|-------------------------------|---|---|

Web site address: <http://atlantaeb5center.com/>

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1226450765

**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: DIVERSIFIED GLOBAL INVESTMENT, LLC

Street Address/P.O. Box: 3060 PEACHTREE ROAD NW SUITE 1855

|  |   |  |
|--|---|--|
| City: ATLANTA  | State: GA                                       | Zip Code: 30305                                |
| Web site <a href="http://atlantaeb5center.com/">http://atlantaeb5center.com/</a> | Fax Number<br>(include area code): 404-365-2050 | Telephone<br>(include area code): 404-365-2040 |

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

|                   |                                    |                                   |
|-------------------|------------------------------------|-----------------------------------|
| City:             | State:                             | Zip Code:                         |
| Web site Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

C. Name of Other Agent:

Street Address/P.O. Box:

|                   |                                    |                                   |
|-------------------|------------------------------------|-----------------------------------|
| City:             | State:                             | Zip Code:                         |
| Web site Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1534253530**  
maginger 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.")

|   |  |                                 |
|---|--|---------------------------------|
| Aggregate EB-5 Capital Investment<br>NA | Aggregate Direct and Indirect Job Creation<br>NA | Aggregate Jobs Maintained<br>NA |
|---|--|---------------------------------|

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>a. Industry Category Title:</b><br>COMMERCIAL AND INSTITUTIONAL BUILDING CONSTRUCTION |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:<br>NA   | Aggregate Direct and Indirect Job Creation:<br>NA | Aggregate Jobs Maintained:<br>NA                    |
| <b>b. Industry Category Title:</b><br>ARCHITECTURAL SERVICES                             |   | NAICS Code for the Industry Category<br>5 4 1 3 1 0 |
| Aggregate EB-5 Capital Investment:<br>NA   | Aggregate Direct and Indirect Job Creation:<br>NA | Aggregate Jobs Maintained:<br>NA                    |
| <b>c. Industry Category Title:</b><br>ENGINEERING SERVICES                               |   | NAICS Code for the Industry Category<br>5 4 1 3 3 0 |
| Aggregate EB-5 Capital Investment:<br>NA   | Aggregate Direct and Indirect Job Creation:<br>NA | Aggregate Jobs Maintained:<br>NA                    |

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>a. Name of Commercial Enterprise:</b>  |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):   | City:                                       | State:                          | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                 |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| NA                                     | NA     | NA      |

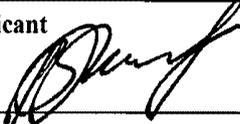
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| NA                                     | NA     | NA      |

**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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>     | <b>Printed Name of Applicant</b><br>TATIANA MIHAILOVA | <b>Date (mm/dd/yyyy)</b><br>12/03/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>404-365-2040   | <b>E-Mail Address</b><br>TATIANA@THOMASUSAF.COM       |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>EXECUTIVE 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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 1500713 18-13  
090722

**Part 1. Information About Principal of the Regional Center**

|                         |               |        |
|-------------------------|---------------|--------|
| Name: Last<br>Schaffeld | First<br>Hank | Middle |
|-------------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: 1790 SW 11th St.

|                        |           |                 |
|------------------------|-----------|-----------------|
| City: Hermiston (b)(6) | State: OR | Zip Code: 97838 |
|------------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (541) 500-0454 | Telephone Number (include area code): (541) 561-8699 |
|-----------------------------|--|--|

Web site address: www.diamondcityresort.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW1324951208/ID1324951208

**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:** Diamond City Montana EB-5 Regional Center. LLC

Street Address/P.O. Box: PO Box 1587, 3768 Dudley St.

|  |  |   |
|--|--|---|
| City: East Helena                                  | State: MT                                      | Zip Code: 59635                               |
| Web site www.diamondcityresort.com<br>Address: com | Fax Number (include area code): (406) 441-1556 | Telephone (include area code): (406) 227-2601 |

**B. Name of Managing Company/Agency:** Diamond Hills Project, LLC

Street Address/P.O. Box: PO Box 1587, 3768 Dudley St.

|  |  |   |
|--|--|---|
| City: East Helena                                  | State: MT                                      | Zip Code: 59635                               |
| Web site www.diamondcityresort.com<br>Address: com | Fax Number (include area code): (406) 441-1556 | Telephone (include area code): (406) 441-1555 |

**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): |



**RCW1528653376**

egarcia2 1924A 10/13/2015

(b)(4)

**Part 3. Investing About the Regional Center (Continued)**

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:<br>Non-Residential Building Construction   | NAICS Code for the Industry Category<br>2 3 6 2 | Jobs Maintained:          |
| Aggregate EB-5 Capital Investment  | Aggregate Direct and Indirect Job Creation      | Aggregate Jobs Maintained |
| b. Industry Category Title:<br>Utility Systems Construction  | NAICS Code for the Industry Category<br>2 3 7 1 | Jobs Maintained:          |
| Aggregate EB-5 Capital Investment  | Aggregate Direct and Indirect Job Creation      | Aggregate Jobs Maintained |
| c. Industry Category Title:<br>Highway, Street & Bridge Construction   | NAICS Code for the Industry Category<br>2 3 7 2 | Jobs Maintained:          |

A  
EB-5 C  
(2) Busines  
Address (Street  
EB-5 Capital Invest.

b. Name of Commercial Ent  
Address (Street Number and N  
Aggregate EB-5 Capital Investment

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:  | State:                                      | Zip Code:                  |
| Address (Street Number and Name):  | City:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |
| Aggregate EB-5 Capital Investment: | Does this EB-5 commercial 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 |   |                            |

Does this EB-5 commercial enterprise serve have or will create or maintain jobs for EB-5. If yes, then identify the name and address of creation/maintenance associated with each job

(1) Business Name:

|                                   |                                  |                           |          |
|-----------------------------------|----------------------------------|---------------------------|----------|
| Address (Street Number and Name): | City:                            | State:                    | Zip Code |
| EB-5 Capital Investment           | Direct and Indirect Job Creation | Aggregate Jobs Maintained |          |

(b)(4)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D OCT 16 2015 6 18 48  
5338

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>Palmer  | First<br>Michael                               | Middle<br>C  |
| In Care Of: California Real Estate Regional Center, LLC     |  |  |
| Street Address/P.O. Box: 10474 Santa Monica Blvd., Ste. 301 |  |  |
| City: Los Angeles   | (b)(6) State: CA                               | Zip Code: 90025                                      |
| Date of Birth (mm/dd/yyyy):                                 | Fax Number (include area code): (310) 441-1675 | Telephone Number (include area code): (310) 474-7890 |
| Web site address: eb5socal.com                              |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1225050752/ID1034250070

**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 Real Estate Regional Center, LLC

Street Address/P.O. Box: 10474 Santa Monica Blvd., Ste. 301

|                                |  |   |
|--------------------------------|--|---|
| City: Los Angeles              | State: CA                                      | Zip Code: 90025                               |
| Web site Address: eb5socal.com | Fax Number (include area code): (310) 441-1675 | Telephone (include area code): (310) 474-7890 |

**B. Name of Managing Company/Agency:** California Real Estate Regional Center, LLC

Street Address/P.O. Box: 10474 Santa Monica Blvd., Ste. 301

|                                |  |   |
|--------------------------------|--|---|
| City: Los Angeles              | State: CA                                      | Zip Code: 90025                               |
| Web site Address: eb5socal.com | Fax Number (include area code): (310) 441-1675 | Telephone (include area code): (310) 474-7890 |

**C. Name of Other Agent:** Steve Shpilsky

Street Address/P.O. Box: 10474 Santa Monica Blvd., Ste. 301

|                                |  |   |
|--------------------------------|--|---|
| City: Los Angeles              | State: CA                                      | Zip Code: 90025                           |
| Web site Address: eb5socal.com | Fax Number (include area code): (310) 441-1675 | Telephone (include area code): 3104747890 |



**RCW1600654208**

**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<br>See attachment | 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:<br>Hotels                                   |   | NAICS Code for the Industry Category<br>7 2 1 1 1 0 |
| Aggregate EB-5 Capital Investment:<br>See attachment                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| b. Industry Category Title:<br>Construction of Nonresidential Buildings |   | NAICS Code for the Industry Category<br>2 3 6 2     |
| Aggregate EB-5 Capital Investment:<br>See attachment                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_____       |
| 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:<br>See attachment   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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:<br>See attachment |   | Industry Category Title:   |           |
| Address (Street Number and Name):                   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                  |                          |           |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                  | Industry Category Title: |           |
| Address (Street Number and 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:<br>See attachment |   | Industry Category Title:   |           |
| Address (Street Number and Name):                   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and 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:<br>See attachment |   | Industry Category Title:   |           |
| Address (Street Number and Name):                   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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:<br>See attachment |   | Industry Category Title:   |           |
| Address Street Number and Name:                     | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise 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)                                 |        |         |
| [Redacted]                             |        |         |

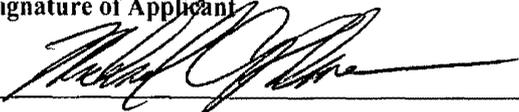
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Michael C. Palmer | <b>Date (mm/dd/yyyy)</b><br>11/10/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(310) 474-7890  | <b>E-Mail Address</b><br>mpalmer@eb5social.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Morris  | First<br>David                                 | Middle<br>Michael                                    |
| In Care Of: DC Regional Center LLC  |  |  |
| Street Address/P.O. Box: 1806 11th Street NW  |  |  |
| City: Washington (b)(6)   | State: DC                                      | Zip Code: 20001                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></span> | Fax Number (include area code): (202) 747-1793 | Telephone Number (include area code): (202) 747-1814 |
| Web site address: www.DCRegionalCenter.com  |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW1100550142/ID 1031910144

**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: DC Regional Center

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1806 11th Street NW   |  |   |
| City: Washington                               | State: DC                                      | Zip Code: 20001                               |
| Web site www.DCRegionalCenter.<br>Address: com | Fax Number (include area code): (202) 747-1793 | Telephone (include area code): (202) 747-1814 |

B. Name of Managing Company/Agency: David Morris, Co-Managing Member

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 1806 11th Street NW |  |   |
| City: Washington                             | State: DC                                      | Zip Code: 20001                               |
| Web site<br>Address:                         | Fax Number (include area code): (202) 747-1793 | Telephone (include area code): (202) 747-1814 |

C. Name of Other Agent: Angel Brunner, Co-Managing Member

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 6106 MacArthur Blvd (#104) |  |   |
| City: Bethesda                                      | State: MD                                      | Zip Code: 20816                               |
| Web site<br>Address:                                | Fax Number (include area code): (202) 370-1354 | Telephone (include area code): (202) 390-5313 |



**RCW1536253968**

egarcia2 1924A 12/24/2015

*D*

REC'D CSC 15DEC24 17-19 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<br>See Attached | Aggregate Direct and Indirect Job Creation<br>See Attached | Aggregate Jobs Maintained<br>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:<br>Construction        |   | NAICS Code for the Industry Category<br>2 3   |
| Aggregate EB-5 Capital Investment:<br>See Attached | Aggregate Direct and Indirect Job Creation:<br>See Attached | Aggregate Jobs Maintained:<br>N/A             |
| b. Industry Category Title:<br>Port Operations     |   | NAICS Code for the Industry Category<br>4 8 8 |
| Aggregate EB-5 Capital Investment:<br>See Attached | Aggregate Direct and Indirect Job Creation:<br>See Attached | Aggregate Jobs Maintained:<br>N/A             |
| c. Industry Category Title:                        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>Convention Center Jobs Fund LP  |   | Industry Category Title:<br>525   |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd (#104)  | City:<br>Bethesda   | State:<br>MD                      | Zip Code:<br>20816 |
| Aggregate EB-5 Capital Investment:<br>See Attached   | Aggregate Direct and Indirect Job Creation:<br>See Attached | Aggregate Jobs Maintained:<br>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:<br>Capstone Development Headquarters Hotel LLC |   | Industry Category Title:<br>23 |                    |
| Address (Street Number and Name):<br>901 Mass Ave, NW             | City:<br>Washington                               | State:<br>DC                   | Zip Code:<br>20001 |
| EB-5 Capital Investment:<br>See Attached                          | Direct and Indirect Job Creation:<br>See Attached | Jobs Maintained:<br>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:<br>EB5 Capital - Jobs Fund 4, LP |   | Industry Category Title:<br>525   |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd (#104)    | City:<br>Bethesda   | State:<br>MD                      | Zip Code:<br>20816 |
| Aggregate EB-5 Capital Investment:<br>See Attached                 | Aggregate Direct and Indirect Job Creation:<br>See Attached | Aggregate Jobs Maintained:<br>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:<br>CM at O Holding Company LLC                 |  | Industry Category Title:<br>23 |                    |
| Address (Street Number and Name):<br>1730 Rhode Island Ave (#512) | City:<br>Washington                              | State:<br>DC                   | Zip Code:<br>20036 |
| EB-5 Capital Investment<br>See Attached                           | Direct and Indirect Job Creation<br>See Attached | Jobs Maintained<br>N/A         |                    |

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:   |           |
| EB5 Capital - Jobs Fund 5, LP      |   | 525                        |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 6106 MacArthur Blvd (#104)         | Bethesda                                    | MD                         | 20816     |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| See Attached                       | See Attached                                | 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: |           |
| NoMa Hospitality, LLC             |                                   | 23                       |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| 501 New York Avenue NE            | Washington                        | DC                       | 20002     |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| See Attached                      | See Attached                      | 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:<br>EB5 Capital - Jobs Fund 8, LP |   | Industry Category Title:<br>525   |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd (#104)    | City:<br>Bethesda   | State:<br>MD                      | Zip Code:<br>20816 |
| Aggregate EB-5 Capital Investment:<br>See Attached                 | Aggregate Direct and Indirect Job Creation:<br>See Attached | Aggregate Jobs Maintained:<br>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:<br>Riverfront Holdings I, LLC             |   | Industry Category Title:<br>23 |                    |
| Address (Street Number and Name):<br>3050 K Street NW (#125) | City:<br>Washington                               | State:<br>DC                   | Zip Code:<br>20007 |
| EB-5 Capital Investment:<br>See Attached                     | Direct and Indirect Job Creation:<br>See Attached | Jobs Maintained:<br>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:<br>EB5 Ports - Baltimore LP |   | Industry Category Title:<br>525   |                    |
| Address Street Number and Name:<br>1806 11th Street NW        | City:<br>Washington   | State:<br>DC                      | Zip Code:<br>20001 |
| Aggregate EB-5 Capital Investment:<br>See Attached            | Aggregate Direct and Indirect Job Creation:<br>See Attached | Aggregate Jobs Maintained:<br>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- Continued on Appendix A

(5)

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|  |   |                                 |                    |
|--|---|---------------------------------|--------------------|
| (1) Business Name:<br>Ports America                    |   | Industry Category Title:<br>488 |                    |
| Address (Street Number and Name):<br>2700 Broening Hwy | City:<br>Baltimore                                | State:<br>MD                    | Zip Code:<br>21222 |
| EB-5 Capital Investment:<br>See Attached               | Direct and Indirect Job Creation:<br>See Attached | Jobs Maintained:<br>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:                |                    |

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.

|   |   |  |
|---|---|--|
| <b>Signature of Applicant</b><br>                      | <b>Printed Name of Applicant</b><br>David M. Morris | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 747-1814   | <b>E-Mail Address</b><br>Morris@eb5partners.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Co-Managing Member, DC 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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

7

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC29 11:32

5233

**Part 1. Information About Principal of the Regional Center**

|  |   |   |                 |
|--|---|---|-----------------|
| Name: Last<br>Azuike   |   | First<br>Acho   | Middle          |
| In Care Of: DC Partners Regional Center d/b/a Houston EB-5 Regional Center |   |   |                 |
| Street Address/P.O. Box: 2506 W. Main, 5th Floor                           |   |   |                 |
| City: Houston (b)(6)   |   | State: Texas  | Zip Code: 77098 |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (713) 228-1303 | Telephone Number<br>(include area code): (281) 565-1067 |                 |
| Web site address: www.houstoneb5.com                                       |   |   |                 |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) **RCW1236650973/ID1236650973**

**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:** DC Partners Regional Center d/b/a Houston EB-5 Regional Center

|  |   |  |                 |
|--|---|--|-----------------|
| Street Address/P.O. Box: 2506 W. Main, 5th Floor |   |  |                 |
| City: Houston                                    |   | State: Texas                                     | Zip Code: 77098 |
| Web site Address: www.houstoneb5.com             | Fax Number<br>(include area code): (713) 228-1303 | Telephone<br>(include area code): (281) 565-1067 |                 |

**B. Name of Managing Company/Agency:** DC Partners, LLC

|  |   |  |                 |
|--|---|--|-----------------|
| Street Address/P.O. Box: 2506 W. Main, 5th Floor |   |  |                 |
| City: Houston                                    |   | State: Texas                                     | Zip Code: 77098 |
| Web site Address: www.houstoneb5.com             | Fax Number<br>(include area code): (713) 228-1303 | Telephone<br>(include area code): (281) 565-1067 |                 |

**C. Name of Other Agent:** N/A

|                          |                                    |                                   |           |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: |                                    |                                   |           |
| City:                    |                                    | State:                            | Zip Code: |
| Web site                 | Fax Number<br>(include area code): | Telephone<br>(include area code): |           |

  
**RCW1536454056**  
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 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".)

|        |                                    |   |                                      |
|--------|------------------------------------|---|--------------------------------------|
| (b)(4) | a. Industry Category Title:        |   | NAICS Code for the Industry Category |
|        | Residential Building Construction  |   | 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:        |   | NAICS Code for the Industry Category |
|        | Residential Property Management    |   | 5 3 1 3 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 |
|        | Architectural, Engineering, and Related Services |   | 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:

|  |                                    |   |                                   |           |
|--|------------------------------------|---|-----------------------------------|-----------|
| (b)(4)   | a. Name of Commercial Enterprise:  |   | Industry Category Title:          |           |
|  | DC Partners I, LP                  |   | Residential Building Construction |           |
|  | Address (Street Number and Name):  | City:                                       | State:                            | Zip Code: |
|  | 2506 W. Main, 5th Floor            | Houston                                     | TX                                | 77098     |
|  | Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:        |           |
|  |                                    |   |                                   |           |
| Does this EB-5 commercial 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:          |           |
| Downtown Block, LP                 |   | Residential Building Construction |           |
| Address (Street Number and Name):  | City:                                       | State:                            | Zip Code: |
| 2506 W. Main, 5th Floor            | Houston                                     | TX                                | 77098     |
| 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:          |           |
| Marlowe VP, LP                     |   | Residential Building Construction |           |
| Address (Street Number and Name):  | City:                                       | State:                            | Zip Code: |
| 2506 W. Main, 5th Floor            | Houston                                     | TX                                | 77098     |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:        |           |

[Redacted] (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:<br>Westcreek Tower, LP |  | Industry Category Title:<br>Residential Building Construction; Residential Property Management |  |
|--|--|--|--|

|  |                  |              |                    |
|--|------------------|--------------|--------------------|
| Address (Street Number and Name):<br>2506 W. Main, 5th Floor | City:<br>Houston | State:<br>TX | Zip Code:<br>77098 |
|--|------------------|--------------|--------------------|

|                                    |   |   |
|------------------------------------|---|---|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br><b>(b)(4)</b> |
|------------------------------------|---|---|

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                    |                          |
|--------------------|--------------------------|
| (1) Business Name: | Industry Category Title: |
|--------------------|--------------------------|

|                                   |       |        |           |
|-----------------------------------|-------|--------|-----------|
| Address (Street Number and Name): | City: | State: | Zip Code: |
|-----------------------------------|-------|--------|-----------|

|                          |                                   |                  |
|--------------------------|-----------------------------------|------------------|
| EB-5 Capital Investment: | Direct and Indirect Job Creation: | Jobs Maintained: |
|--------------------------|-----------------------------------|------------------|

|                    |                          |
|--------------------|--------------------------|
| (2) Business 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:<br>District Lofts, LP |  | Industry Category Title:<br>Residential Building Construction; Residential Property Management |  |
|---|--|--|--|

|  |                  |              |                    |
|--|------------------|--------------|--------------------|
| Address Street Number and Name:<br>2506 W. Main, 5th Floor | City:<br>Houston | State:<br>TX | Zip Code:<br>77098 |
|--|------------------|--------------|--------------------|

|                                    |   |   |
|------------------------------------|---|---|
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br><b>(b)(4)</b> |
|------------------------------------|---|---|

Does this EB-5 commercial enterprise 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.

|  |   |                          |
|--|---|--------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Acho Azuike     | <b>Date (mm/dd/yyyy)</b> |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(281) 565-1067  | <b>E-Mail Address</b><br>acho.azuike@houstoneb5.com |                          |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Alexander R. Perez<br>John W. Meyer / Houston R. Harris | <b>Date (mm/dd/yyyy)</b><br>12/28/2015                                       |
| <b>Firm Name and Address</b><br>Foster LLP<br>600 Travis Street, 20th Floor, Houston, Texas 77002, USA              |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(713) 229-8733   | <b>Fax Number (Area/Country Codes)</b><br>(713) 228-1303                                   | <b>E-Mail Address</b><br>aperez@fosterglobal.com<br>hharris@fosterglobal.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 150CT13 18:13  
090922

**Part 1. Information About Principal of the Regional Center**

|                         |               |        |
|-------------------------|---------------|--------|
| Name: Last<br>Schaffeld | First<br>Hank | Middle |
|-------------------------|---------------|--------|

In Care Of:

Street Address/P.O. Box: 1790 SW 11th St.

|                        |           |                 |
|------------------------|-----------|-----------------|
| City: Hermiston (b)(6) | State: OR | Zip Code: 97838 |
|------------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (541) 500-0454 | Telephone Number (include area code): (541) 561-8699 |
|-----------------------------|--|--|

Web site address: www.diamondcityresort.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1324951208/ID1324951208

**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:** Diamond City Montana EB-5 Regional Center. LLC

Street Address/P.O. Box: PO Box 1587, 3768 Dudley St.

|  |  |   |
|--|--|---|
| City: East Helena                                  | State: MT                                      | Zip Code: 59635                               |
| Web site www.diamondcityresort.com<br>Address: com | Fax Number (include area code): (406) 441-1556 | Telephone (include area code): (406) 227-2601 |

**B. Name of Managing Company/Agency:** Diamond Hills Project, LLC

Street Address/P.O. Box: PO Box 1587, 3768 Dudley St.

|  |  |   |
|--|--|---|
| City: East Helena                                  | State: MT                                      | Zip Code: 59635                               |
| Web site www.diamondcityresort.com<br>Address: com | Fax Number (include area code): (406) 441-1556 | Telephone (include area code): (406) 441-1555 |

**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): |



**RCW1528653376**  
egarcia2 1924A 10/13/2015

**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.")

| 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:<br>Non-Residential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|  |   |   |  |
| b. Industry Category Title:<br>Utility Systems Construction          |   | NAICS Code for the Industry Category<br>2 3 7 1 |  |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
|  |   |   |  |
| c. Industry Category Title:<br>Highway, Street & Bridge Construction |   | NAICS Code for the Industry Category<br>2 3 7 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 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

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)                                 |        |         |

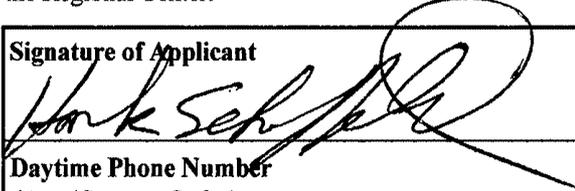
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.*

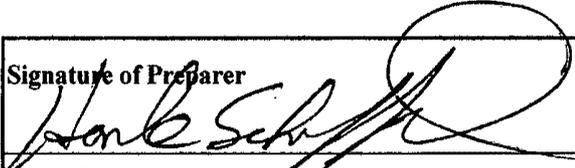
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Hank Schaffeld   | <b>Date (mm/dd/yyyy)</b><br>09/30/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(541) 561-8699                                       | <b>E-Mail Address</b><br>info@goldvalleyloghomes.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Hank Schaffeld        | <b>Date (mm/dd/yyyy)</b><br>09/30/2015               |
| <b>Firm Name and Address</b><br>Hank Schaffeld<br>1790 SW 11th St.<br>Hermiston, OR 97838                           |  |  |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(541) 561-8699  | <b>Fax Number (Area/Country Codes)</b><br>(541) 561-8699 | <b>E-Mail Address</b><br>info@goldvalleyloghomes.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,**  
**Supplement to Form I-924**

REC'D CSC 15 NOV 25 16:12

5338

**Part 1. Information About Principal of the Regional Center**

|                      |                  |               |
|----------------------|------------------|---------------|
| Name: Last<br>Mattox | First<br>Michael | Middle<br>Lee |
|----------------------|------------------|---------------|

In Care Of:

Street Address/P.O. Box: 673 Woodland Square Loop, Suite 320

|             |        |           |                 |
|-------------|--------|-----------|-----------------|
| City: Lacey | (b)(6) | State: VA | Zip Code: 98503 |
|-------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (206) 866-9792 | Telephone Number<br>(include area code): (206) 792-7575 |
|-------------------------------|---|---|

Web site address: www.eb5bonds.com

USCIS-assigned number for the Designated Regional Center (attach the  
Regional Center's most recently issued approval notice)

RC ID 14237451895

**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 Bonds New York, LLC

Street Address/P.O. Box: 673 Woodland Square Loop, Suite 320

|                                       |   |  |
|---------------------------------------|---|--|
| City: Lacey                           | State: WA   | Zip Code: 98503                                  |
| Web site<br>Address: www.eb5bonds.com | Fax Number<br>(include area code): (206) 866-9792 | Telephone<br>(include area code): (206) 792-7575 |

B. Name of Managing Company/Agency: MLM Consulting, LLC

Street Address/P.O. Box: 673 Woodland Square Loop, Suite 320

|                                       |   |  |
|---------------------------------------|---|--|
| City: Lacey                           | State: WA   | Zip Code: 98503                                  |
| Web site<br>Address: www.eb5bonds.com | Fax Number<br>(include area code): (206) 866-9792 | Telephone<br>(include area code): (360) 870-3452 |

C. Name of Other Agent: Financial &amp; IT Consultants, LLC

Street Address/P.O. Box: 701 Tadlock Drive

|  |   |  |
|--|---|--|
| City: Raleigh                            | State: NC   | Zip Code: 27614                                  |
| Web site<br>Address: www.fit2consult.com | Fax Number<br>(include area code): (919) 845-5431 | Telephone<br>(include area code): (919) 280-6557 |



RCW1532953478

egarcia2 I924A 11/25/2015

**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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                         |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b><br>n/a |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                         |

**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 |
| (b)(4)                                 |        |         |

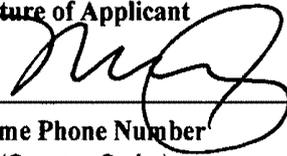
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

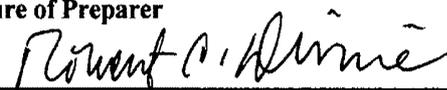
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Michael Mattox | <b>Date (mm/dd/yyyy)</b><br>11/19/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 792-7575  | <b>E-Mail Address</b><br>mike@eb5bonds.com         |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |  |
|--|--|--|
| <b>Signature of Preparer</b><br>                                      | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>1/20/2015              |
| <b>Firm Name and Address</b><br>Baker, Donelson, Bearman, Caldwell & Berkowitz, PC<br>1800 Republic Centre, 633 Chestnut Street<br>Chattanooga, TN 37450 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416  | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9533 | <b>E-Mail Address</b><br>rdivine@bakerdonelson.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,**  
**Supplement to Form I-924**

REC'D CSC 15 NOV 25 16:11  
5223

**Part 1. Information About Principal of the Regional Center**

|                      |                  |               |
|----------------------|------------------|---------------|
| Name: Last<br>Mattox | First<br>Michael | Middle<br>Lee |
|----------------------|------------------|---------------|

In Care Of:

Street Address/P.O. Box: 673 Woodland Square Loop, Suite 320

|             |           |                 |
|-------------|-----------|-----------------|
| City: Lacey | State: VA | Zip Code: 98503 |
|-------------|-----------|-----------------|

|   |   |   |
|---|---|---|
| Date of Birth<br>(mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Fax Number<br>(include area code): (206) 866-9792 | Telephone Number<br>(include area code): (206) 792-7575 |
|---|---|---|

Web site address: www.eb5bonds.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RC ID 1423751857

**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 Bonds California, LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 673 Woodland Square Loop, Suite 320 |   |  |
| City: Lacey  | State: WA   | Zip Code: 98503                                  |
| Web site<br>Address: www.eb5bonds.com                        | Fax Number<br>(include area code): (206) 866-9792 | Telephone<br>(include area code): (206) 792-7575 |

**B. Name of Managing Company/Agency:**

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:** Aaron Beeson \* See addendum

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 2636 Millstone Loop |   |  |
| City: Ellensburg                             | State: WA   | Zip Code: 98926                                  |
| Web site<br>Address: www.eb5bonds.com        | Fax Number<br>(include area code): (206) 866-9792 | Telephone<br>(include area code): (360) 870-3452 |



**RCW1532953479**  
egarcia2 1924A 11/25/2015

**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<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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 |
| (b)(4)                                 |        |         |

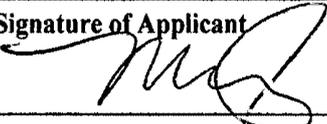
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

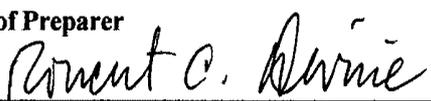
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Michael L. Mattox | <b>Date (mm/dd/yyyy)</b><br>11/19/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(206) 792-7575  | <b>E-Mail Address</b><br>mike@eb5bonds.com            |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |  |
|--|--|--|
| <b>Signature of Preparer</b><br>                                      | <b>Printed Name of Preparer</b><br>Robert C. Divine      | <b>Date (mm/dd/yyyy)</b><br>11/20/2015             |
| <b>Firm Name and Address</b><br>Baker, Donelson, Bearman, Caldwell & Berkowitz, PC<br>1800 Republic Centre, 633 Chestnut Street<br>Chattanooga, TN 37450 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(423) 752-4416  | <b>Fax Number (Area/Country Codes)</b><br>(423) 752-9533 | <b>E-Mail Address</b><br>rdivine@bakerdonelson.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,**  
**Supplement to Form I-924**

REC'D CSC 15DEC28 16:00  
5385

**Part 1. Information About Principal of the Regional Center**

|  |        |  |  |
|--|--------|--|--|
| Name: Last<br>Yeung  |        | First<br>Andy                              | Middle<br>H                                      |
| In Care Of: EB-5 Blaine Tomorrow Regional Center, LLC  |        |  |  |
| Street Address/P.O. Box: 1530 140th Ave NE, Ste 111  |        |  |  |
| City: Bellevue   | (b)(6) | State: WA                                  | Zip Code: 98005                                  |
| Date of Birth (mm/dd/yyyy)   |        | Fax Number (include area code): 4256710393 | Telephone Number (include area code): 4254455297 |
| Web site address:  |        |  |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |        | RCW 1219950707 / RC ID 1219950707          |  |

**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 Blaine Tomorrow Regional Center, LLC |  |   |                 |
| Street Address/P.O. Box: 1530 140th Ave NE, Ste 111                   |  |   |                 |
| City: Bellevue  |  | State: WA                                 | Zip Code: 98005 |
| Web site Address:   | Fax Number (include area code): 4256710393 | Telephone (include area code): 4254455297 |                 |
| 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):            |                 |



**RCW1536353971**

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 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:<br>Hotel Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |  |
| Aggregate EB-5 Capital Investment:                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>(b)(4)                |  |
| b. Industry Category Title:<br>N/A                |   | NAICS Code for the Industry Category<br>□ □ □ □ □ □ |  |
| Aggregate EB-5 Capital Investment:                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| c. Industry Category Title:<br>N/A                |   | NAICS Code for the Industry Category<br>□ □ □ □ □ □ |  |
| 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:<br>Washington Hotel and Restaurant Development   |   | Industry Category Title:<br>Real Estate Development |                    |
| Address (Street Number and Name):<br>1530 140th Ave NE, Ste 111  | City:<br>Bellevue                           | State:<br>WA  | Zip Code:<br>98005 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>(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>(1) Business Name:</b><br>Washington Hotel and Restaurant Investment |  | <b>Industry Category Title:</b><br>Real Estate Development |                           |
| <b>Address (Street Number and Name):</b><br>1530 140th Ave NE, Ste 111  | <b>City:</b><br>Bellevue                 | <b>State:</b><br>WA  | <b>Zip Code:</b><br>98005 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>(b)(4)                          |                           |
| <b>(2) Business Name</b><br>N/A   |  | <b>Industry Category Title:</b>                            |                           |
| <b>Address (Street Number and Name):</b>                                | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                    |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |             |
|-----------------------------------|-----------------------------------|--------------------------|-------------|
| (2) Business Name:<br>N/A         |                                   | Industry Category Title: |             |
| Address (Street Number and Name): |                                   | City:                    | State:<br>▼ |
| Zip Code:                         |                                   |                          |             |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |             |

|  |   |                            |             |
|--|---|----------------------------|-------------|
| c. Name of Commercial Enterprise:<br>N/A |   | Industry Category Title:   |             |
| Address (Street Number and Name):        |   | City:                      | State:<br>▼ |
| Zip Code:                                |   |                            |             |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |             |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |             |
|-----------------------------------|-----------------------------------|--------------------------|-------------|
| (1) Business Name:<br>N/A         |                                   | Industry Category Title: |             |
| Address (Street Number and Name): |                                   | City:                    | State:<br>▼ |
| Zip Code:                         |                                   |                          |             |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |             |

|                                   |                                   |                          |             |
|-----------------------------------|-----------------------------------|--------------------------|-------------|
| (2) Business Name:<br>N/A         |                                   | Industry Category Title: |             |
| Address (Street Number and Name): |                                   | City:                    | State:<br>▼ |
| 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:<br>N/A |   | Industry Category Title:<br>   |               |
| Address (Street Number and Name):<br>    | City:<br>                                       | State:<br>▼                    | Zip Code:<br> |
| Aggregate EB-5 Capital Investment:<br>   | Aggregate Direct and Indirect Job Creation:<br> | Aggregate Jobs Maintained:<br> |               |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                       |                                       |                              |               |
|---------------------------------------|---------------------------------------|------------------------------|---------------|
| (1) Business Name:<br>N/A             |                                       | Industry Category Title:<br> |               |
| Address (Street Number and Name):<br> | City:<br>                             | State:<br>▼                  | Zip Code:<br> |
| EB-5 Capital Investment:<br>          | Direct and Indirect Job Creation:<br> | Jobs Maintained:<br>         |               |

|                                       |                                       |                              |               |
|---------------------------------------|---------------------------------------|------------------------------|---------------|
| (2) Business Name:<br>N/A             |                                       | Industry Category Title:<br> |               |
| Address (Street Number and Name):<br> | City:<br>                             | State:<br>▼                  | Zip Code:<br> |
| EB-5 Capital Investment:<br>          | Direct and Indirect Job Creation:<br> | Jobs Maintained:<br>         |               |

|  |   |                                |               |
|--|---|--------------------------------|---------------|
| e. Name of Commercial Enterprise:<br>N/A |   | Industry Category Title:<br>   |               |
| Address Street Number and Name:<br>      | City:<br>                                       | State:<br>▼                    | Zip Code:<br> |
| Aggregate EB-5 Capital Investment:<br>   | Aggregate Direct and Indirect Job Creation:<br> | Aggregate Jobs Maintained:<br> |               |

Does this EB-5 commercial enterprise 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.

|  |  |                                     |                      |
|--|--|-------------------------------------|----------------------|
| <b>(1) Business Name:</b><br>N/A             |  | <b>Industry Category Title:</b><br> |                      |
| <b>Address (Street Number and Name):</b><br> | <b>City:</b><br>                             | <b>State:</b><br>▼                  | <b>Zip Code:</b><br> |
| <b>EB-5 Capital Investment:</b><br>          | <b>Direct and Indirect Job Creation:</b><br> | <b>Jobs Maintained:</b><br>         |                      |
| <b>(2) Business Name:</b><br>N/A             |  | <b>Industry Category Title:</b><br> |                      |
| <b>Address (Street Number and Name):</b><br> | <b>City:</b><br>                             | <b>State:</b><br>▼                  | <b>Zip Code:</b><br> |
| <b>EB-5 Capital Investment:</b><br>          | <b>Direct and Indirect Job Creation:</b><br> | <b>Jobs Maintained:</b><br>         |                      |

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.)

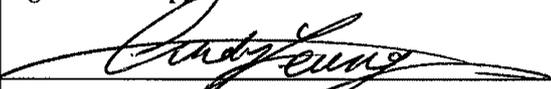
(b)(4)

| 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**.

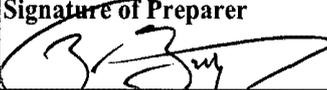
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|   |  |                                 |
|---|--|---------------------------------|
| Signature of Applicant<br> | Printed Name of Applicant<br>Andy Yeung  | Date (mm/dd/yyyy)<br>12/22/2015 |
| Daytime Phone Number<br>(Area/Country Codes)<br>(425) 445-5297  | E-Mail Address<br><div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div> (b)(6) |                                 |
| Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)<br>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<br>  | Printed Name of Preparer<br>Zachary Bryant      | Date (mm/dd/yyyy)<br>12/24/2015         |
| Firm Name and Address<br>TD Knowles & Associates<br>1200 Old Fairhaven Pkwy, Suite 203, Bellingham, WA, 98225 |   |   |
| Daytime Phone Number<br>(Area/Country Codes)<br>360-933-1612  | Fax Number (Area/Country Codes)<br>360-933-1664 | E-Mail Address<br>ZACB@TDK.LAWGROUP.COM |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC I-924 16-28

5338

**Part 1. Information About Principal of the Regional Center**

|                    |                   |        |
|--------------------|-------------------|--------|
| Name: Last<br>KONG | First<br>Florence | Middle |
|--------------------|-------------------|--------|

In Care Of:

Street Address/P.O. Box: 1383 Armstrong Ave.

|                            |           |                 |
|----------------------------|-----------|-----------------|
| City: San Francisco (b)(6) | State: CA | Zip Code: 94612 |
|----------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (510) 487-9698 | Telephone Number (include area code): (415) 250-0318 |
|----------------------------|--|--|

Web site address: None

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 1304251085 / ID 1304251085

**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: Eagle Bay Regional Center, LLC

Street Address/P.O. Box: 1383 Armstrong Ave.

|                        |  |   |
|------------------------|--|---|
| City: San Francisco    | State: CA                                      | Zip Code: 94612                               |
| Web site Address: None | Fax Number (include area code): (510) 487-9698 | Telephone (include area code): (415) 250-0318 |

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): |



**RCW1536253932**

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Construction   |   | NAICS Code for the Industry Category<br>2 3         |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| b. Industry Category Title:<br>Plate Work & Fabricated Structural Product Manufacturing |   | NAICS Code for the Industry Category<br>3 3 2 3 1   |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| c. Industry Category Title:<br>Surgical Appliances & Supplies Manufacturing             |   | NAICS Code for the Industry Category<br>3 3 9 1 1 3 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |

- 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:<br>Neodyne Investment LP   |   | Industry Category Title:<br>Surgical Appliances & Supplies Mfg. |   |
| Address (Street Number and Name):<br>127 Independence Dr.  | City:<br>Menlo Park                         | State:<br>CA  | Zip Code:<br>94025  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                      |   |
| [Redacted]   |   |   |   |
| Does this EB-5 commercial enterprise serve as a 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:<br>Neodyne Biosciences, LLC            |                                   | Industry Category Title:<br>Surgical Appliances & Supplies Mfg. |                    |
| Address (Street Number and Name):<br>127 Independence Dr. | City:<br>Menlo Park               | State:<br>CA  | Zip Code:<br>94025 |
| 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:                   | 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**.

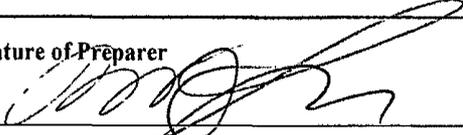
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Florence Kong   | <b>Date (mm/dd/yyyy)</b><br>12/18/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(415) 250-0318  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Martin J. Lawler      | <b>Date (mm/dd/yyyy)</b><br>12-23-15            |
| <b>Firm Name and Address</b><br>Lawler & Lawler<br>1 Post Street, Suite 475<br>San Francisco, CA 94104              |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(415) 391-2010   | <b>Fax Number (Area/Country Codes)</b><br>(415) 781-6181 | <b>E-Mail Address</b><br>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<br>Enriquez   | First<br>Anita                                    | Middle<br>Borja   |
| In Care Of: Vanessa L. Williams, President                                 |   |   |
| Street Address/P.O. Box: GCIC Building Suite 500T, 414 West Soledad Avenue |   |   |
| City: Hagatna  | (b)(6)  | State: GU   |
|  |   | Zip Code: 96910   |
| Date of Birth<br>(mm/dd/yyyy)  | Fax Number<br>(include area code): (671) 477-1077 | Telephone Number<br>(include area code): (671) 477-1389 |
| Web site address: www.EB5GUAM.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:** E Development Corporation dba EDC

Street Address/P.O. Box: GCIC Building Suite 500T, 414 West Soledad Avenue

|                                      |   |  |
|--------------------------------------|---|--|
| City: Hagatna                        | State: GU   | Zip Code: 96910                                  |
| Web site<br>Address: www.EB5GUAM.com | Fax Number<br>(include area code): (671) 477-1077 | Telephone<br>(include area code): (671) 477-1389 |

**B. Name of Managing Company/Agency:** n/a

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:** n/a

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1600754214**

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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 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<br>n/a | Aggregate Direct and Indirect Job Creation<br>n/a | Aggregate Jobs Maintained<br>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:<br>n/a |   | NAICS Code for the Industry Category<br>_____ |  |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
| b. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |  |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |  |
| c. Industry Category Title:        |   | NAICS Code for the Industry Category<br>_____ |  |
| 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:<br>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)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>c. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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     |

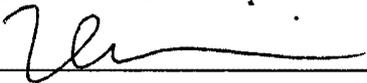
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Vanessa L. Williams | <b>Date (mm/dd/yyyy)</b><br>12/31/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(671) 487-1492  | <b>E-Mail Address</b><br>vlw@eb5guam.com                |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b><br>n/a | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

**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<br>Chan                       | First<br>Lee Ha                 | Middle   |
| In Care Of: Elisa Chan                   |                                 |  |
| Street Address/P.O. Box: PO Box 50772    |                                 |  |
| City: Bellevue                           | State: WA                       | Zip Code: 98015                                  |
| Date of Birth (mm/dd/yyyy):              | Fax Number (include area code): | Telephone Number (include area code): 2069399497 |
| Web site address: www.dreamharboreb5.com |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1216750688/ID1216750688

**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 Harbor Regional Center

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: PO Box 50772    |                                 |   |
| City: Bellevue                           | State: WA                       | Zip Code: 98015                           |
| Web site Address: www.dreamharboreb5.com | Fax Number (include area code): | Telephone (include area code): 2069399497 |

**B. Name of Managing Company/Agency:** Elisa Chan

|                                       |                                 |   |
|---------------------------------------|---------------------------------|---|
| Street Address/P.O. Box: PO Box 50772 |                                 |   |
| City: Bellevue                        | State: WA                       | Zip Code: 98015                           |
| Web site Address:                     | Fax Number (include area code): | Telephone (include area code): 2069399497 |

**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): |



RCW1600454121

egarcia2 1924A 12/29/2015

5263

**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<br>N/A | Aggregate Direct and Indirect Job Creation<br>N/A | Aggregate Jobs Maintained<br>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:<br>Industrial Building Construction                       |  | NAICS Code for the Industry Category<br>2 3 6 2 1 0 |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A                   |
| b. Industry Category Title:<br>Iron and Steel Pipe Manufacturing from Purchased Steel |  | NAICS Code for the Industry Category<br>3 3 1 2 1 0 |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>N/A                   |
| c. Industry Category Title:   |  | NAICS Code for the Industry Category<br>_____       |
| 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:<br>N/A  |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:<br><input type="checkbox"/> <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.

|  |  |   |                  |
|--|--|---|------------------|
| <b>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b>           |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                   |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b>           |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                   |                  |

|   |  |   |                  |
|---|--|---|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>           |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>         |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b>           |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                    |                 |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |   |           |
|-----------------------------------|-----------------------------------|---|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title:  |           |
| Address (Street Number and Name): | City:                             | State:<br> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:  |           |

|   |   |   |           |
|---|---|---|-----------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A |   | Industry Category Title:  |           |
| Address (Street Number and Name):               | City:                                       | State:<br> | Zip Code: |
| Aggregate EB-5 Capital Investment:              | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:  |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A  |                                   | Industry Category Title:  |           |
| Address (Street Number and Name): | City:                             | State:<br> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:  |           |

|                                   |                                   |   |           |
|-----------------------------------|-----------------------------------|---|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title:  |           |
| Address (Street Number and Name): | City:                             | State:<br> | 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:<br>N/A |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:<br>▼                | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>N/A         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| e. Name of Commercial Enterprise:<br>N/A |   | Industry Category Title:   |           |
| Address Street Number and Name:          | City:                                       | State:<br>▼                | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise 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:<br>N/A         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | 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.)

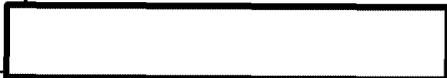
(b)(4)

| 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**.

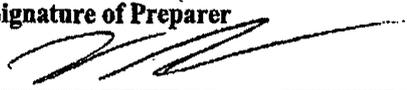
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Lee Ha Chan  | <b>Date (mm/dd/yyyy)</b><br>12/27/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>2069399497  | <b>E-Mail Address</b><br> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br>           | <b>Printed Name of Preparer</b><br>Daniel Shin | <b>Date (mm/dd/yyyy)</b><br>12/27/2015        |
| <b>Firm Name and Address</b><br>Inslee Best Doezie & Ryder, PS<br>10900 NE 4 <sup>th</sup> St, Suite 1500, Bellevue, WA 98004 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>4254504275   | <b>Fax Number (Area/Country Codes)</b>         | <b>E-Mail Address</b><br>dshin@insleebest.com |

Form I-924A

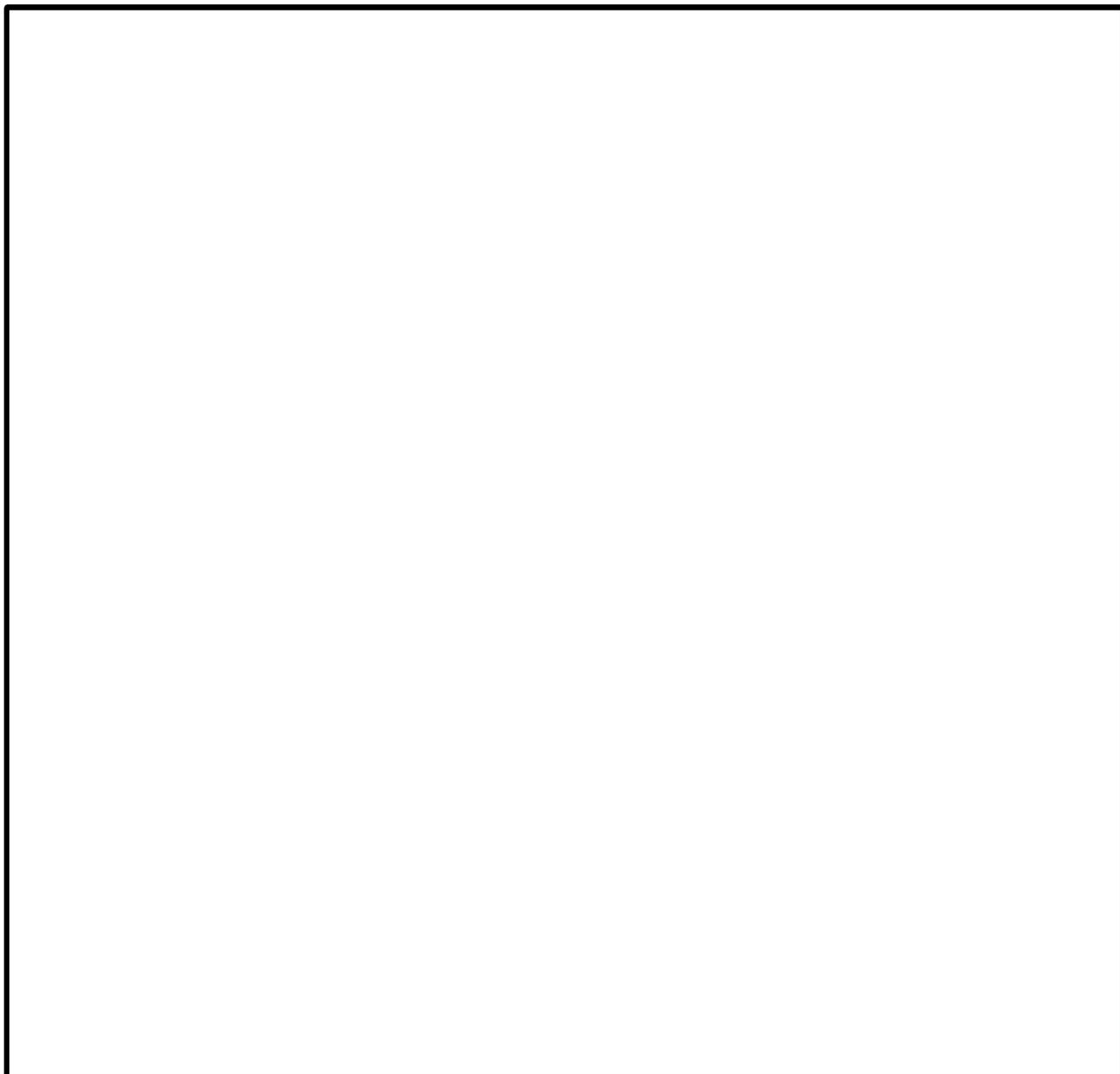
Name of Regional Center: Dream Harbor Regional Center

USCIS-assigned Number: RCW1216750688 / ID1216750688

Name of Principal: Lee Ha "Elisa" Chan

Part 3, Supplemental information:

(b)(4)



Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

5338  
RED 03/15/03 1555

**Part 1. Information About Principal of the Regional Center**

|   |   |   |
|---|---|---|
| Name: Last<br>Heron   | First<br>Brett                                    | Middle  |
| In Care Of: RED Development LLC   |   |   |
| Street Address/P.O. Box: One East Washington Street, Suite 300                                |   |   |
| City: Phoenix   | (b)(6)  | State: AZ   |
|   |   | Zip Code: 85004   |
| Date of Birth<br>(mm/dd/yyyy)   | Fax Number<br>(include area code): (480) 947-7887 | Telephone Number<br>(include area code): (480) 556-8813 |
| Web site address: <a href="http://www.reddevelopment.com/">http://www.reddevelopment.com/</a> |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

RCW1234850857/ID1234850857

**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: DRC Capital Partners, LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: One East Washington Street, Suite 300                   |   |  |
| City: Phoenix  | State: AZ   | Zip Code: 85004                                  |
| Web site <a href="http://www.drccap.com/">http://www.drccap.com/</a><br>Address: | Fax Number<br>(include area code): (480) 947-7887 | Telephone<br>(include area code): (480) 556-8813 |

B. Name of Managing Company/Agency: RED Consolidated Holdings LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: One East Washington Street, Suite 300 |   |  |
| City: Phoenix  | State: AZ   | Zip Code: 85004                                  |
| Web site N/A<br>Address:                                       | Fax Number<br>(include area code): (480) 947-7887 | Telephone<br>(include area code): (480) 556-8813 |

C. Name of Other Agent: N/A

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site                 | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1600654188**

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”.)

|                                    |   |   |
|------------------------------------|---|---|
| a. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b><br>N/A          |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |   |                            |           |
|--|---|----------------------------|-----------|
| d. Name of Commercial Enterprise:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:<br>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:<br>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:<br>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:<br>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:<br>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.)

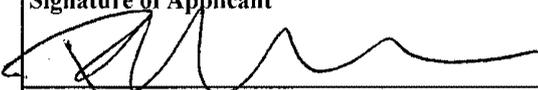
(b)(4)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Brett Heron    | <b>Date (mm/dd/yyyy)</b><br>12/30/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(480) 556-8813  | <b>E-Mail Address</b><br>bheron@reddevelopment.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

RECD CSC 15NDU20 19-43  
5326

**Part 1. Information About Principal of the Regional Center**

|   |                |  |
|---|----------------|--|
| Name: Last<br>Heron   | First<br>Brett | Middle   |
| In Care Of: RED Development LLC   |                |  |
| Street Address/P.O. Box: One East Washington Street, Suite 300                                |                |  |
| City: Phoenix   | (b)(6)         | State: AZ  |
| Date of Birth (mm/dd/yyyy):   |                | Zip Code: 85004                                      |
| Fax Number (include area code): (480) 947-7887  |                | Telephone Number (include area code): (480) 556-8813 |
| Web site address: <a href="http://www.reddevelopment.com/">http://www.reddevelopment.com/</a> |                |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1234850857/ID1234850857

**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:** DRC Capital Partners, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: One East Washington Street, Suite 300                   |  |   |
| City: Phoenix  | State: AZ                                      | Zip Code: 85004                               |
| Web site <a href="http://www.drccap.com/">http://www.drccap.com/</a><br>Address: | Fax Number (include area code): (480) 947-7887 | Telephone (include area code): (480) 556-8813 |

**B. Name of Managing Company/Agency:** RED Consolidated Holdings LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: One East Washington Street, Suite 300 |  |   |
| City: Phoenix  | State: AZ                                      | Zip Code: 85004                               |
| Web site N/A<br>Address:                                       | Fax Number (include area code): (480) 947-7887 | Telephone (include area code): (480) 556-8813 |

**C. Name of Other Agent:** N/A

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW1532453460**

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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:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b><br>N/A          |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:<br>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:<br>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:<br>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:<br>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:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:<br>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:<br>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:<br>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:<br>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:<br>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)                                 |        |         |

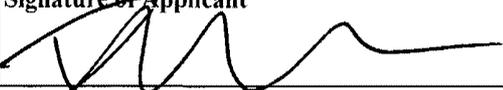
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

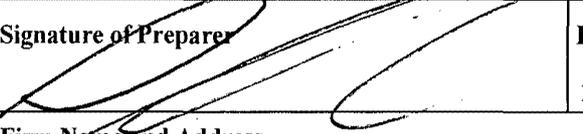
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Brett Heron    | <b>Date (mm/dd/yyyy)</b> |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(480) 556-8813  | <b>E-Mail Address</b><br>bheron@reddevelopment.com |                          |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Debbie A. Klis        | <b>Date (mm/dd/yyyy)</b>                        |
| <b>Firm Name and Address</b><br>Ballard Spahr LLP<br>1909 K St., NW, 12Th Floor<br>Washington D.C., 20006           |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 661-7661   | <b>Fax Number (Area/Country Codes)</b><br>(202) 661-2299 | <b>E-Mail Address</b><br>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<br>Don  | First<br>Richard                | Middle   |
| In Care Of: Dos Lagos Regional Center  |                                 |  |
| Street Address/P.O. Box: 17700 Castleton St Ste 583  |                                 |  |
| City: City of Industry (b)(6)  | State: CA                       | Zip Code: 91748                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): | Telephone Number (include area code): (626) 810-6606 |
| Web site address: doslagoscenter.com   |                                 |  |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |                                 | RCW1031910088  |

**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:** Dos Lagos Regional Center

Street Address/P.O. Box: 17700 Castleton St Ste 583

|                                      |                                 |   |
|--------------------------------------|---------------------------------|---|
| City: City of Industry               | State: CA                       | Zip Code: 91748                               |
| Web site Address: doslagoscenter.com | Fax Number (include area code): | Telephone (include area code): (626) 810-6606 |

**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): |



**RCW1600454119**

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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:<br>See attached |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:                 |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:                 |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>Dos Lagos Center I, Limited Partnership   |   | Industry Category Title:<br>See attached |   |
| Address (Street Number and Name):<br>17700 Castleton St, Ste 583   | City:<br>City of Industry                   | State:<br>CA                             | Zip Code:<br>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:<br>Fu Bang Group Corp. USA                     |                                   | Industry Category Title:<br>See attached |                    |
| Address (Street Number and Name):<br>17700 Castleton St., Ste 583 | City:<br>City of Industry         | State:<br>CA                             | Zip Code:<br>91748 |
| 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:<br>Dos Lagos Center 2, Limited Partnership |   | Industry Category Title:<br>See attached |                    |
| Address (Street Number and Name):<br>17700 Castleton St, Ste 583             | City:<br>City of Industry                   | State:<br>CA                             | Zip Code:<br>91748 |
| 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:<br>Fu Bang Group Corp. USA                     |                                  | Industry Category Title:<br>See attached |                    |
| Address (Street Number and Name):<br>17700 Castleton St., Ste 583 | City:<br>City of Industry        | State:<br>CA                             | Zip Code:<br>91748 |
| 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:   |           |
| Dos Lagos Center 3, Limited Partnership |   | See attached               |           |
| Address (Street Number and Name):       | City:                                       | State:                     | Zip Code: |
| 17700 Castleton St, Ste 583             | City of Industry                            | CA                         | 91748     |
| 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: |           |
| Fu Bang Group Corp. USA           |                                   | See attached             |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| 17700 Castleton St., Ste 583      | City of Industry                  | CA                       | 91748     |
| 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:<br>Dos Lagos Center 4, Limited Partnership |   | Industry Category Title:<br>See attached |                    |
| Address (Street Number and Name):<br>17700 Castleton St, Ste 583             | City:<br>City of Industry                   | State:<br>CA                             | Zip Code:<br>91748 |
| 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:<br>Fu Bang Group Corp. USA                     |                                   | Industry Category Title:<br>See attached |                    |
| Address (Street Number and Name):<br>17700 Castleton St., Ste 583 | City:<br>City of Industry         | State:<br>CA                             | Zip Code:<br>91748 |
| 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:<br>Dos Lagos Center 7, Limited Partnership |   | Industry Category Title:<br>See attached |                    |
| Address Street Number and Name:<br>17700 Castleton St, Ste 583               | City:<br>City of Industry                   | State:<br>CA                             | Zip Code:<br>91748 |
| 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:<br>Fu Bang Group Corp. USA                    |                                   | Industry Category Title:<br>See attached |                    |
| Address (Street Number and Name):<br>17700 Castleton St, Ste 583 | City:<br>City of Industry         | State:<br>CA                             | Zip Code:<br>91748 |
| EB-5 Capital Investment:<br><b>(b)(4)</b>                        | Direct and Indirect Job Creation: | Jobs Maintained:                         |                    |
| (2) Business 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 |
| <b>(b)(4)</b>                          |        |         |

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 |
| <b>(b)(4)</b>                          |        |         |

**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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Richard Don  | <b>Date (mm/dd/yyyy)</b><br>12/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(909) 967-6608  | <b>E-Mail Address</b><br>info@doslagoscenter.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>David Van Vooren      | <b>Date (mm/dd/yyyy)</b><br>12/21/2015                    |
| <b>Firm Name and Address</b><br>David Hirson and Partners LLP<br>8 Cheshire Court<br>Newport Beach CA 92660         |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(949) 383-5369   | <b>Fax Number (Area/Country Codes)</b><br>(949) 383-5369 | <b>E-Mail Address</b><br>dvanvooren@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<br>Silverman                            |  | First<br>Samuel | Middle<br>Brookner                                   |
| In Care Of:  |  |                 |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |                 |  |
| City: Palm Beach Gardens (b)(6)                    |  | State: FL       | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy)                         | Fax Number (include area code): (561) 775-7503 |                 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com      |  |                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of Georgia Regional Center, LLC

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|  |   |           |  |
|--|---|-----------|--|
| City: Palm Beach Gardens                     |   | State: FL | Zip Code: 33410                                  |
| Web site<br>Address: eb5affiliatenetwork.com | Fax Number<br>(include area code): (561) 775-7503 |           | Telephone<br>(include area code): (561) 775-7500 |

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

|                      |                                    |        |                                   |
|----------------------|------------------------------------|--------|-----------------------------------|
| City:                |                                    | State: | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): |        | Telephone<br>(include area code): |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|          |                                    |        |                                   |
|----------|------------------------------------|--------|-----------------------------------|
| City:    |                                    | State: | Zip Code:                         |
| Web site | Fax Number<br>(include area code): |        | Telephone<br>(include area code): |



**RCW1535753881**

egarcia2 1924A 12/23/2015

FORM I-924A (03-18-15)

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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Full-Service Restaurants             |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |
| b. Industry Category Title:<br>New Multifamily Housing Construction |   | NAICS Code for the Industry Category<br>2 3 6 1 1 6 |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_____       |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |

- 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.)

| Form I-526 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| (b)(4)                                 |        |         |
| [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.)

| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| (b)(4)                                 |        |         |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D USCIS/DEPT 10-12

5338

**Part 1. Information About Principal of the Regional Center**

|                   |                 |                  |
|-------------------|-----------------|------------------|
| Name: Last<br>Tam | First<br>Thomas | Middle<br>Ki-Yin |
|-------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 2127 Ringwood Avenue

|                |        |           |                 |
|----------------|--------|-----------|-----------------|
| City: San Jose | (b)(6) | State: CA | Zip Code: 95131 |
|----------------|--------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): 4082321116 | Telephone Number<br>(include area code): 4084328838 |
|-------------------------------|---|---|

Web site address: <http://mijui.com/eb5/Homg.php?page=Home> (See attachment Exhibit A)

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1118250239

**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 EXPRSS, LLC

Street Address/P.O. Box: 2127 Ringwood Avenue

|                                 |   |  |
|---------------------------------|---|--|
| City: San Jose                  | State: CA                                     | Zip Code: 95131                              |
| Web site Address: See Exhibit A | Fax Number<br>(include area code): 4082321116 | Telephone<br>(include area code): 4084328838 |

B. Name of Managing Company/Agency: Management Team (See attachment Exhibit B)

Street Address/P.O. Box:

|                   |                                    |                                   |
|-------------------|------------------------------------|-----------------------------------|
| City:             | State:                             | Zip Code:                         |
| Web site Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

C. Name of Other Agent: None

Street Address/P.O. Box:

|                                    |                                   |           |
|------------------------------------|-----------------------------------|-----------|
| City:                              | State:                            | Zip Code: |
| Fax Number<br>(include area code): | Telephone<br>(include area code): |           |



**RCW1600654190**

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.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>E-Commence |   | NAICS Code for the Industry Category<br>5 3 1 3 9 0 |
| Aggregate EB-5 Capital Investment:        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]                                |   |   |

|   |   |   |
|---|---|---|
| b. Industry Category Title:<br>Online Games |   | NAICS Code for the Industry Category<br>5 1 1 2 1 0 |
| Aggregate EB-5 Capital Investment:          | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]                                  |   |   |

|  |   |   |
|--|---|---|
| c. Industry Category Title:<br>Manufacturer of Lithim Ion Battey |   | NAICS Code for the Industry Category<br>3 3 4 4 1 0 |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]   |   |   |

- 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:<br>None   |   | Industry Category Title:<br>(b)(4) |           |
| Address (Street Number and Name):   | City:                                       | State:                             | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:         |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                    |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of 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>(1) Business Name:</b><br>None        |  | <b>Industry Category Title:</b>           |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                   |                  |
| <b>(2) Business Name</b><br>None         |  | <b>Industry Category Title:</b>           |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                   |                  |

|  |  |   |                  |
|--|--|---|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>None |  | <b>Industry Category Title:</b>           |                  |
| <b>Address (Street Number and Name):</b>         | <b>City:</b>                                       | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>        | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>         |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>None        |   | <b>Industry Category Title:</b>           |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                    |                 |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                                    |           |
|-----------------------------------|-----------------------------------|------------------------------------|-----------|
| (2) Business Name:<br>None        |                                   | Industry Category Title:<br>None   |           |
| Address (Street Number and Name): | City:                             | State:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|   |   |                                    |           |
|---|---|------------------------------------|-----------|
| c. Name of Commercial Enterprise:<br>None |   | Industry Category Title:<br>None   |           |
| Address (Street Number and Name):         | City:                                       | State:<br><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:<br>None        |                                   | Industry Category Title:<br>None   |           |
| Address (Street Number and Name): | City:                             | State:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|                                   |                                   |                                    |           |
|-----------------------------------|-----------------------------------|------------------------------------|-----------|
| (2) Business Name:<br>None        |                                   | Industry Category Title:<br>None   |           |
| Address (Street Number and Name): | City:                             | State:<br><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:<br>None |   | Industry Category Title:<br>None   |           |
| Address (Street Number and Name):         | City:                                       | State:<br><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:<br>None        |                                   | Industry Category Title:<br>None   |           |
| Address (Street Number and Name): | City:                             | State:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|                                   |                                   |                                    |           |
|-----------------------------------|-----------------------------------|------------------------------------|-----------|
| (2) Business Name:<br>None        |                                   | Industry Category Title:<br>None   |           |
| Address (Street Number and Name): | City:                             | State:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|   |   |                                    |           |
|---|---|------------------------------------|-----------|
| e. Name of Commercial Enterprise:<br>None |   | Industry Category Title:<br>None   |           |
| Address Street Number and Name:           | City:                                       | State:<br><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:<br>None        |                                   | Industry Category Title:<br>None |           |
| Address (Street Number and Name): | City:                             | State:<br><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:<br><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)                                 |        |         |

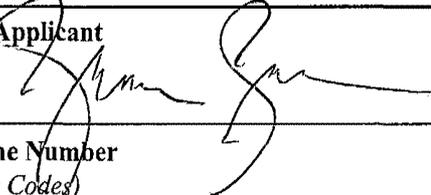
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Thomas Tam | <b>Date (mm/dd/yyyy)</b><br>12/16/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>4084328838  | <b>E-Mail Address</b><br>annkool199@gmail.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

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5233

**Part 1. Information About Principal of the Regional Center**

|                       |                    |              |
|-----------------------|--------------------|--------------|
| Name: Last<br>Brunner | First<br>Angelique | Middle<br>G. |
|-----------------------|--------------------|--------------|

In Care Of: EB5 Capital - New York Regional Center

Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104

|                       |           |                 |
|-----------------------|-----------|-----------------|
| City: Bethesda (b)(6) | State: MD | Zip Code: 20816 |
|-----------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (888) 338-3316 | Telephone Number (include area code): (202) 652-2437 |
|----------------------------|--|--|

Web site address: www.eb5capital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1428751914 / ID1428751914

**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 Capital - New York Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104 |  |   |
| City: Bethesda  | State: MD                                      | Zip Code: 20816                               |
| Web site www.eb5capital.com<br>Address:                 | Fax Number (include area code): (888) 338-3316 | Telephone (include area code): (202) 652-2437 |

**B. Name of Managing Company/Agency:** Angelique G. Brunner

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104 |  |   |
| City: Bethesda  | State: MD                                      | Zip Code: 20816                               |
| Web site www.eb5capital.com<br>Address:                 | Fax Number (include area code): (888) 338-3316 | Telephone (include area code): (202) 652-2437 |

**C. Name of Other Agent:**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW1536454027**

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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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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:<br>Hotels (except casinos) and Motels |   | NAICS Code for the Industry Category<br>7 2 1 1 1 |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                 |
| [Redacted]  |   |   |
| b. Industry Category Title:                                       |   | NAICS Code for the Industry Category<br>_____     |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
| [Redacted]  |   |   |
| c. Industry Category Title:                                       |   | NAICS Code for the Industry Category<br>_____     |
| Aggregate EB-5 Capital Investment:                                | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
| [Redacted]  |   |   |

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:<br>EB5 Capital - Jobs Fund 13, LP  |  | Industry Category Title:<br>525   |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd. (#104)   | City:<br>Bethesda  | State:<br>MD                      | Zip Code:<br>20816 |
| Aggregate EB-5 Capital Investment:<br>(see attached supplement)  | Aggregate Direct and Indirect Job Creation:<br>(see attached supplement) | Aggregate Jobs Maintained:<br>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.

|  |   |  |                           |
|--|---|--|---------------------------|
| <b>(1) Business Name:</b><br>13th Street Hospitality, LLC          |   | <b>Industry Category Title:</b><br>72111 |                           |
| <b>Address (Street Number and Name):</b><br>7871 Belle Point Drive | <b>City:</b><br>Greenbelt   | <b>State:</b><br>MD                      | <b>Zip Code:</b><br>20770 |
| <b>EB-5 Capital Investment:</b><br>(see attached supplement)       | <b>Direct and Indirect Job Creation:</b><br>(see attached supplement) | <b>Jobs Maintained:</b><br>N/A           |                           |
| <b>(2) Business Name</b>   |   | <b>Industry Category Title:</b>          |                           |
| <b>Address (Street Number and Name):</b>                           | <b>City:</b>  | <b>State:</b>                            | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                    | <b>Direct and Indirect Job Creation:</b>                              | <b>Jobs Maintained:</b>                  |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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 |
| (b)(4)                                 |        |         |

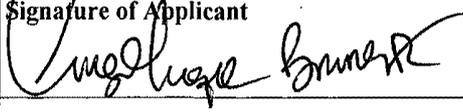
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Angelique G. Brunner | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 652-2437  | <b>E-Mail Address</b><br>abrunner@eb5capital.com         |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Brunner | First<br>Angelique | Middle<br>G. |
|-----------------------|--------------------|--------------|

In Care Of: EB5 Capital - DC Regional Center

Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104

|                |           |                 |
|----------------|-----------|-----------------|
| City: Bethesda | State: MD | Zip Code: 20816 |
|----------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (888) 338-3316 | Telephone Number<br>(include area code): (202) 652-2437 |
|-------------------------------|---|---|

Web site address: www.eb5capital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1217750695 / ID1217750695

**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 Capital - DC Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104 |   |  |
| City: Bethesda  | State: MD   | Zip Code: 20816                                  |
| Web site www.eb5capital.com<br>Address:                 | Fax Number<br>(include area code): (888) 338-3316 | Telephone<br>(include area code): (202) 652-2437 |

**B. Name of Managing Company/Agency:** Angelique G. Brunner

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104 |   |  |
| City: Bethesda  | State: MD   | Zip Code: 20816                                  |
| Web site www.eb5capital.com<br>Address:                 | Fax Number<br>(include area code): (888) 338-3316 | Telephone<br>(include area code): (202) 652-2437 |

**C. Name of Other Agent:**

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1536454033**

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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 |
|        | [Redacted]                        |  | 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:<br>Hotels (except casino hotels) and Motels |   | NAICS Code for the Industry Category<br>7 2 1 1 1 |  |
|        | Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
| (b)(4) | [Redacted]  |   | N/A   |  |
|        | b. Industry Category Title:<br>Nonresidential                           |   | NAICS Code for the Industry Category<br>6 3 6 2   |  |
| (b)(4) | Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
|        | [Redacted]  |   | N/A   |  |
| (b)(4) | c. Industry Category Title:<br>Residential                              |   | NAICS Code for the Industry Category<br>2 3 6 1   |  |
|        | Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |  |
| (b)(4) | [Redacted]  |   | 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:<br>EB5 Capital - Jobs Fund 9, LP   |  | Industry Category Title:<br>525   |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd. (#104)   | City:<br>Bethesda  | State:<br>MD                      | Zip Code:<br>20816 |
| Aggregate EB-5 Capital Investment:<br>(see attached supplement)  | Aggregate Direct and Indirect Job Creation:<br>(see attached supplement) | Aggregate Jobs Maintained:<br>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.

|   |   |  |                           |
|---|---|--|---------------------------|
| <b>(1) Business Name:</b><br>Square 369 Hotel, LLC                      |   | <b>Industry Category Title:</b><br>72111 |                           |
| <b>Address (Street Number and Name):</b><br>1001 G Street NW, Suite 900 | <b>City:</b><br>Washington  | <b>State:</b><br>DC                      | <b>Zip Code:</b><br>20001 |
| <b>EB-5 Capital Investment:</b><br>(see attached supplement)            | <b>Direct and Indirect Job Creation:</b><br>(see attached supplement) | <b>Jobs Maintained:</b><br>N/A           |                           |
| <b>(2) Business Name</b>  |   | <b>Industry Category Title:</b>          |                           |
| <b>Address (Street Number and Name):</b>                                | <b>City:</b>  | <b>State:</b>                            | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b>                              | <b>Jobs Maintained:</b>                  |                           |

|  |   |  |                           |
|--|---|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>EB5 Capital - Jobs Fund 10, LP |   | <b>Industry Category Title:</b><br>525   |                           |
| <b>Address (Street Number and Name):</b><br>6106 MacArthur Blvd. (#104)    | <b>City:</b><br>Bethesda  | <b>State:</b><br>MD                      | <b>Zip Code:</b><br>20816 |
| <b>Aggregate EB-5 Capital Investment:</b><br>(see attached supplement)     | <b>Aggregate Direct and Indirect Job Creation:</b><br>(see attached supplement) | <b>Aggregate Jobs Maintained:</b><br>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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>Jemal's Uline, LLC                        |  | <b>Industry Category Title:</b><br>2362 |                           |
| <b>Address (Street Number and Name):</b><br>702 H Street NW, Suite 400 | <b>City:</b><br>Washington   | <b>State:</b><br>DC                     | <b>Zip Code:</b><br>20001 |
| <b>EB-5 Capital Investment</b><br>(see attached supplement)            | <b>Direct and Indirect Job Creation</b><br>(see attached supplement) | <b>Jobs Maintained</b><br>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:   |           |
| EB5 Capital - Jobs Fund 11, LP     |   | 525                        |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 6106 MacArthur Blvd. (#104)        | Bethesda                                    | MD                         | 80716     |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| (see attached supplement)          | (see attached supplement)                   | 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: |           |
| Jemal's Up Against The Wall, LLC  |                                   | 2362                     |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| 702 H Street NW, Suite 400        | Washington                        | DC                       | 20001     |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (see attached supplement)         | (see attached supplement)         | 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:<br>EB5 Capital - Jobs Fund 15, LP |  | Industry Category Title:<br>525   |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd. (#104)    | City:<br>Bethesda  | State:<br>MD                      | Zip Code:<br>20816 |
| Aggregate EB-5 Capital Investment:<br>(see attached supplement)     | Aggregate Direct and Indirect Job Creation:<br>(see attached supplement) | Aggregate Jobs Maintained:<br>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:<br>MR 225 North Calvert Owner, LP             |  | Industry Category Title:<br>2361 |                    |
| Address (Street Number and Name):<br>1700 K Street NW, Suite 600 | City:<br>Washington  | State:<br>DC                     | Zip Code:<br>20006 |
| EB-5 Capital Investment:<br>(see attached supplement)            | Direct and Indirect Job Creation:<br>(see attached supplement) | Jobs Maintained:<br>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:   |           |
| Address Street Number and Name:   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [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.)

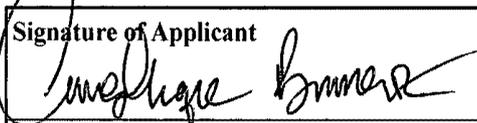
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Angelique Brunner | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 652-2437  | <b>E-Mail Address</b><br>abrunner@eb5capital.com      |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Brunner                                   | First<br>Angelique                                | Middle<br>G.  |
| In Care Of: EB5 Capital - California Regional Center    |   |   |
| Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104 |   |   |
| City: Bethesda<br>(b)(6)                                | State: MD   | Zip Code: 20816   |
| Date of Birth<br>(mm/dd/yyyy)                           | Fax Number<br>(include area code): (888) 338-3316 | Telephone Number<br>(include area code): (202) 652-2437 |
| Web site address: www.eb5capital.com                    |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1217050690 / ID1217050690

**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 Capital - California Regional Center

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104 |   |  |
| City: Bethesda  | State: MD   | Zip Code: 20816                                  |
| Web site www.eb5capital.com<br>Address:                 | Fax Number<br>(include area code): (888) 338-3316 | Telephone<br>(include area code): (202) 652-2437 |

**B. Name of Managing Company/Agency:** Angelique G. Brunner

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104 |   |  |
| City: Bethesda  | State: MD   | Zip Code: 20816                                  |
| Web site www.eb5capital.com<br>Address:                 | Fax Number<br>(include area code): (888) 338-3316 | Telephone<br>(include area code): (202) 652-2437 |

**C. Name of Other Agent:**

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(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>(b)(4)</b> | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|               | [Redacted]                        |  | 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>(b)(4)</b> | a. Industry Category Title:<br>Hotels (except casino hotels) and Motels       |   | NAICS Code for the Industry Category<br>7 2 1 1 1 |
|               | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                 |
| <b>(b)(4)</b> | b. Industry Category Title:<br>Continuing care retirement and assisted living |   | NAICS Code for the Industry Category<br>6 2 3 3 1 |
|               | Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                 |
| <b>(b)(4)</b> | c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_____     |
|               | 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:<br>EB5 Capital - Jobs Fund 6, L.P.   |  | Industry Category Title:<br>525   |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd. (#104)   | City:<br>Bethesda  | State:<br>MD                      | Zip Code:<br>20816 |
| Aggregate EB-5 Capital Investment:<br>(see attached supplement)  | Aggregate Direct and Indirect Job Creation:<br>(see attached supplement) | Aggregate Jobs Maintained:<br>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.

|  |   |  |                           |
|--|---|--|---------------------------|
| <b>(1) Business Name:</b><br>San Jose HHG Development, LP            |   | <b>Industry Category Title:</b><br>72111 |                           |
| <b>Address (Street Number and Name):</b><br>105 Decker Ct. Suite 500 | <b>City:</b><br>Irving  | <b>State:</b><br>TX                      | <b>Zip Code:</b><br>75062 |
| <b>EB-5 Capital Investment:</b><br>(see attached supplement)         | <b>Direct and Indirect Job Creation:</b><br>(see attached supplement) | <b>Jobs Maintained:</b><br>N/A           |                           |
| <b>(2) Business Name</b>   |   | <b>Industry Category Title:</b>          |                           |
| <b>Address (Street Number and Name):</b>                             | <b>City:</b>  | <b>State:</b>                            | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                      | <b>Direct and Indirect Job Creation:</b>                              | <b>Jobs Maintained:</b>                  |                           |

|   |   |  |                           |
|---|---|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>EB5 Capital - Jobs Fund 7, L.P. |   | <b>Industry Category Title:</b><br>525   |                           |
| <b>Address (Street Number and Name):</b><br>6106 MacArthur Blvd. (#104)     | <b>City:</b><br>Bethesda  | <b>State:</b><br>MD                      | <b>Zip Code:</b><br>20816 |
| <b>Aggregate EB-5 Capital Investment:</b><br>(see attached supplement)      | <b>Aggregate Direct and Indirect Job Creation:</b><br>(see attached supplement) | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(1) Business Name:</b><br>FSP-Redwood City, LLC                      |  | <b>Industry Category Title:</b><br>62331 |                           |
| <b>Address (Street Number and Name):</b><br>11921 Freedom Dr. Suite 950 | <b>City:</b><br>Reston   | <b>State:</b><br>VA                      | <b>Zip Code:</b><br>20190 |
| <b>EB-5 Capital Investment</b><br>(see attached supplement)             | <b>Direct and Indirect Job Creation</b><br>(see attached supplement) | <b>Jobs Maintained</b><br>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:<br>EB5 Capital - Jobs Fund 12, LP |  | Industry Category Title:<br>525   |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd. (#104)    | City:<br>Bethesda  | State:<br>MD                      | Zip Code:<br>80716 |
| Aggregate EB-5 Capital Investment:<br>(see attached supplement)     | Aggregate Direct and Indirect Job Creation:<br>(see attached supplement) | Aggregate Jobs Maintained:<br>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:<br>Case Real Estate Partners I, LLC      |  | Industry Category Title:<br>72111 |                    |
| Address (Street Number and Name):<br>1729 Abbot Kinney Road | City:<br>Venice  | State:<br>CA                      | Zip Code:<br>90291 |
| EB-5 Capital Investment:<br>(see attached supplement)       | Direct and Indirect Job Creation:<br>(see attached supplement) | Jobs Maintained:<br>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)**

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>d. Name of Commercial Enterprise:</b>   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of 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>(1) Business Name:</b>  |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| <b>(2) Business Name:</b>  |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| <b>e. Name of Commercial Enterprise:</b>   |   | Industry Category Title:   |           |
| Address Street Number and Name:  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [Redacted]                             |        |         |

(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.)

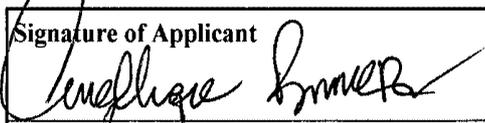
| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| [Redacted]                             |        |         |

(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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Angelique Brunner | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(202) 652-2437  | <b>E-Mail Address</b><br>abrunner@eb5capital.com      |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>MATTEL | First<br>Harvey | Middle |
|----------------------|-----------------|--------|

In Care Of: c/o EB-5 South Florida Regional Center, LLC

Street Address/P.O. Box: 633 South Federal Highway, 8th Floor

|                              |           |                 |
|------------------------------|-----------|-----------------|
| City: Fort Lauderdale (b)(6) | State: FL | Zip Code: 33301 |
|------------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (954) 328-2020 | Telephone Number (include area code): (954) 763-5095 |
|----------------------------|--|--|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW 11 089 50189

**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 South Florida Regional Center, LLC

Street Address/P.O. Box: 633 South Federal Highway, 8th Floor

|                       |  |   |
|-----------------------|--|---|
| City: Fort Lauderdale | State: FL                                      | Zip Code: 33301                               |
| Web site Address:     | Fax Number (include area code): (954) 328-2020 | Telephone (include area code): (954) 763-5095 |

B. Name of Managing Company/Agency: EB-5 Universal Management, LLC

Street Address/P.O. Box: 633 South Federal Highway, 8th Floor

|                       |  |   |
|-----------------------|--|---|
| City: Fort Lauderdale | State: FL                                      | Zip Code: 33301                               |
| Web site Address:     | Fax Number (include area code): (954) 328-2020 | Telephone (include area code): (954) 763-5095 |

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): |



**RCW1600554153**

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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 that has been the focus of EB-5 capital investments sponsored through the regional center. **(b)(4)** **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".)

|   |  |   |
|---|--|---|
| <b>a. Industry Category Title:</b><br>TBD |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>TBD | Aggregate Direct and Indirect Job Creation:<br>TBD | Aggregate Jobs Maintained:<br>N/A             |
| <b>b. Industry Category Title:</b><br>TBD |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>TBD | Aggregate Direct and Indirect Job Creation:<br>TBD | Aggregate Jobs Maintained:<br>N/A             |
| <b>c. Industry Category Title:</b><br>TBD |  | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>TBD | Aggregate Direct and Indirect Job Creation:<br>TBD | Aggregate Jobs Maintained:<br>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>a. Name of Commercial Enterprise:</b><br>TBD   |   | <b>Industry Category Title:</b><br>TBD |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                | <b>State:</b>                          | <b>Zip Code:</b> |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:             |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |  |                  |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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     |

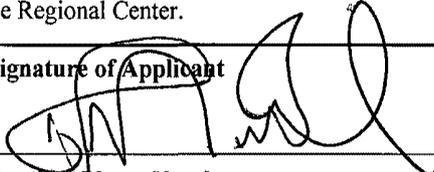
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

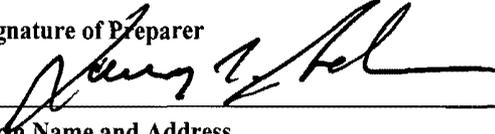
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Harvey Mattel       | <b>Date (mm/dd/yyyy)</b><br>12/21/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(954) 763-5095  | <b>E-Mail Address</b><br>harvey.mattel@harveymattel.com |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Larry J. Behar        | <b>Date (mm/dd/yyyy)</b><br>12/24/15           |
| <b>Firm Name and Address</b><br>Behar Law Group<br>888 SE 3rd Avenue, Suite 400<br>Fort Lauderdale, FL 33316        |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(954) 524-8888   | <b>Fax Number (Area/Country Codes)</b><br>(954) 524-0088 | <b>E-Mail Address</b><br>larry@eb-5lawyers.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<br>DENTINGER   | First<br>Thomas                              | Middle<br>A  |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 3418 Beech Trail   |  |  |
| City: Clearwater (b)(6)   | State: FL                                    | Zip Code: 33761                                    |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> | Fax Number (include area code): 727-785-0331 | Telephone Number (include area code): 727-420-8707 |
| Web site address: N/A   |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1209550637/ID1209550637

**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 Regional Center Florida LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 3418 Beech Trail |  |   |
| City: Clearwater                          | State: FL                                    | Zip Code: 33761                             |
| Web site Address: N/A                     | Fax Number (include area code): 727-785-0331 | Telephone (include area code): 727-420-8707 |

**B. Name of Managing Company/Agency:** Pan American EB-5 Investments Group, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 3418 Beech Trail |  |   |
| City: Clearwater                          | State: FL                                    | Zip Code: 33761                             |
| Web site Address: N/A                     | Fax Number (include area code): 727-785-0331 | Telephone (include area code): 727-420-8707 |

**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): |



**RCW1535553791**

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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 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:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:<br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|   |   |                            |           |
|---|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b><br>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.

|                                   |                                  |                          |           |
|-----------------------------------|----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                  | Industry Category Title: |           |
| Address (Street Number and 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name:</b>         |                                   | 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)                                 |        |         |

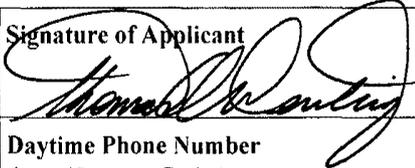
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

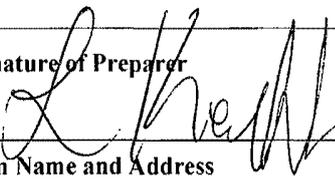
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Thomas DENTINGER | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>727-420-8707  | <b>E-Mail Address</b><br>tdentinger@tampabay.rr.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Laura Foote Reiff     | <b>Date (mm/dd/yyyy)</b><br>12/17/15     |
| <b>Firm Name and Address</b><br>Greenberg Traurig LLP - TCO<br>1750 Tysons Boulevard, #1000<br>McLean, VA 22102     |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>703- 749-1372  | <b>Fax Number (Area/Country Codes)</b><br>(703) 749-1301 | <b>E-Mail Address</b><br>reiff@gtlaw.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC29 17:54

5233

**Part 1. Information About Principal of the Regional Center**

|  |                                 |  |
|--|---------------------------------|--|
| Name: Last<br>AZPURUA  | First<br>RODRIGO                | Middle<br>ENRIQUE                                    |
| In Care Of: EB-5 Financing and management Company, LLC (Riviera Point Development Group) |                                 |  |
| Street Address/P.O. Box: 7971 Riviera Blvd, Suite 101                                    |                                 |  |
| City: Miramar (b)(6)   | State: FL                       | Zip Code: 33023                                      |
| Date of Birth (mm/dd/yyyy)   | Fax Number (include area code): | Telephone Number (include area code): (305) 433-2397 |
| Web site address: www.rivierapmo.com   |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) rcw1415451772 id1415451772

**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:** EB-5 Financing and Management Company, LLC

|   |                                 |   |
|---|---------------------------------|---|
| Street Address/P.O. Box: 7971 Riviera Blvd, Suite 101 |                                 |   |
| City: Miramar   | State: FL                       | Zip Code: 33023                               |
| Web site Address: www.eb5fmc.com                      | Fax Number (include area code): | Telephone (include area code): (305) 433-2397 |

**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): |



**RCW1536454045**

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".)

|   |   |   |
|---|---|---|
| a. Industry Category Title:<br>N/A        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| b. Industry Category Title:               |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:               |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>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:<br>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:         |           |

|                                    |   |                            |           |
|------------------------------------|---|----------------------------|-----------|
| 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

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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)                                 |        |         |

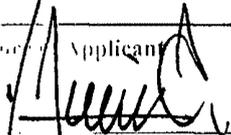
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |   |  |
|--|--|---|--|
| <b>Signature of Applicant</b><br> |  | <b>Printed Name of Applicant</b><br>RODRIGO AZPURUA | <b>Date (mm/dd/yyyy)</b><br>12/28/1970 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(305) 444-0000  |  | <b>E-Mail Address</b><br>rodrigo.azpurua@gmail.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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 e-mail?  No  Yes

|   |  |                                 |                          |
|---|--|---------------------------------|--------------------------|
| <b>Signature of Preparer</b>                        |  | <b>Printed Name of Preparer</b> | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                                 |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>           |                          |

**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<br>Silverman                            | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |  |
| City: Palm Beach Gardens (b)(6)                    | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy)                         | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com      |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of Nevada Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |   |
| City: Palm Beach Gardens                           | State: FL                                      | Zip Code: 33410                               |
| Web site eb5affiliatenetwork.<br>Address: com      | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**B. Name of Managing Company/Agency:**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>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<br>Address:     | Fax Number (include area code): | Telephone (include area code): |



**RCW1535753853**

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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:<br>Full-Service Restaurants                           |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br>Fitness and Recreational Sports Centers            |   | NAICS Code for the Industry Category<br>7 1 3 9 4 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>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:   |   | Industry Category Title:   |           |
|   |   |                            |           |
| Address (Street Number and Name):   | City: (b)(4)                                | State:                     | Zip Code: |
|   |   |                            |           |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
|   |   |                            |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| (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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D 03/15/2015 19:52  
5338

**Part 1. Information About Principal of the Regional Center**

|                         |                 |                    |
|-------------------------|-----------------|--------------------|
| Name: Last<br>Silverman | First<br>Samuel | Middle<br>Brookner |
|-------------------------|-----------------|--------------------|

In Care Of:

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|                                 |           |                 |
|---------------------------------|-----------|-----------------|
| City: Palm Beach Gardens (b)(6) | State: FL | Zip Code: 33410 |
|---------------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
|----------------------------|--|--|

Web site address: www.eb5affiliatenetwork.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of Illinois Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |   |
| City: Palm Beach Gardens                           | State: FL                                      | Zip Code: 33410                               |
| Web site Address: eb5affiliatenetwork.com          | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |



**RCW1535753882**

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:<br>Full-Service Restaurants                           |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 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<br>-----       |
| 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: (b)(4)  |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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)**

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>d. Name of Commercial Enterprise:</b>   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of 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>(1) Business Name:</b>  |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| <b>(2) Business Name:</b>  |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| <b>e. Name of Commercial Enterprise:</b>   |   | Industry Category Title:   |           |
| Address Street Number and Name:  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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**.

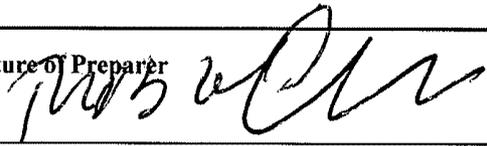
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/IS/SEC/23 10-25

5338

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Silverman                            | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |  |
| City: Palm Beach Gardens (b)(6)                    | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy)                         | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com      |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of Hawaii Regional Center, LLC

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|   |  |   |
|---|--|---|
| City: Palm Beach Gardens                      | State: FL                                      | Zip Code: 33410                               |
| Web site eb5affiliatenetwork.<br>Address: com | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |



**RCW1535753871**

egarcia2 1924A 12/23/2015

(b)(4)

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Full-Service Restaurants |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>Fitness and Recreational Sports Centers |   | NAICS Code for the Industry Category<br>7 1 3 9 4 0 |
| Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]   |   |   |

|   |   |   |
|---|---|---|
| c. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |

- 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:<br>(b)(4)   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [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.)

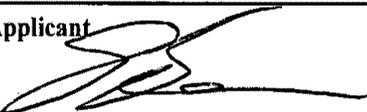
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.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<br>Silverman   | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902  |  |  |
| City: Palm Beach Gardens (b)(6)   | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com   |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of Florida Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |   |
| City: Palm Beach Gardens                           | State: FL                                      | Zip Code: 33410                               |
| Web site eb5affiliatenetwork.<br>Address: com      | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**B. Name of Managing Company/Agency:**

|                          |                                 |                                |
|--------------------------|---------------------------------|--------------------------------|
| Street Address/P.O. Box: |                                 |                                |
| City:                    | State:                          | Zip Code:                      |
| Web site<br>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): |

  
**RCW1535753879**  
egarcia2      I924A      12/23/2015

5338 RECD CSC15DEC23 19:30

**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:<br>Full-Service Restaurants |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |  |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |

(b)(4)

|  |   |   |  |
|--|---|---|--|
| b. Industry Category Title:<br>Fitness and Recreational Sports Centers |   | NAICS Code for the Industry Category<br>7 1 3 9 4 0 |  |
| Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|  |   |   |  |

(b)(4)

|   |   |   |  |
|---|---|---|--|
| c. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 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:<br>Summerplace at Clearwater, LP   |   | Industry Category Title:<br>Senior Living |                    |
| Address (Street Number and Name):<br>1521 Concord Pike, #303   | City:<br>Wilmington                         | State:<br>DE                              | Zip Code:<br>19803 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                |                    |
|  |   |   |                    |
| Does this EB-5 commercial enterprise serve as a 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.

(b)(4)

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(1) Business Name:</b><br>Summerplace at Clearwater, LLC         |  | <b>Industry Category Title:</b><br>Senior Living |                           |
| <b>Address (Street Number and Name):</b><br>1515 S. Highland Avenue | <b>City:</b><br>Clearwater               | <b>State:</b><br>FL                              | <b>Zip Code:</b><br>33756 |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                          |                           |
| [Redacted]  |  |  |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                  |                           |
| <b>Address (Street Number and Name):</b>                            | <b>City:</b>                             | <b>State:</b>                                    | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                     | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                          |                           |

(b)(4)

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Summerplace at Sarasota LP |  | <b>Industry Category Title:</b><br>Senior Living |                           |
| <b>Address (Street Number and Name):</b><br>1521 Concord Pike, #303    | <b>City:</b><br>Wilmington                         | <b>State:</b><br>DE                              | <b>Zip Code:</b><br>19803 |
| <b>Aggregate EB-5 Capital Investment:</b>                              | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>                |                           |
| [Redacted]   |  |  |                           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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)

|  |   |  |                           |
|--|---|--|---------------------------|
| <b>(1) Business Name:</b><br>Summerplace at Sarasota LLC   |   | <b>Industry Category Title:</b><br>Senior Living |                           |
| <b>Address (Street Number and Name):</b><br>5710 Draw Lane | <b>City:</b><br>Sarasota                | <b>State:</b><br>FL                              | <b>Zip Code:</b><br>34238 |
| <b>EB-5 Capital Investment</b>                             | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>                           |                           |
| [Redacted]   |   |  |                           |

**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:** Summerplace at Sun City, LP **Industry Category Title:** Senior Living

|                                    |   |                            |           |
|------------------------------------|---|----------------------------|-----------|
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| 2711 Centerville Road              | Wilmington                                  | DE                         | 19808     |
| 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:** Summerplace at Sun City, LLC **Industry Category Title:** Senior Living

|                                   |                                   |                  |           |
|-----------------------------------|-----------------------------------|------------------|-----------|
| Address (Street Number and Name): | City:                             | State:           | Zip Code: |
| Del Webb Blvd East                | Sun City                          | FL               | 33573     |
| 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:  |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.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<br>Silverman   | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902  |  |  |
| City: Palm Beach Gardens (b)(6)   | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com   |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of Colorado Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |   |
| City: Palm Beach Gardens                           | State: FL                                      | Zip Code: 33410                               |
| Web site eb5affiliatenetwork.<br>Address: com      | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |

  
**RCW1535753877**  
egarcia2 1924A 12/23/2015

REC'D 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 |
|-----------------------------------|--|---------------------------|
|                                   |  |                           |

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:<br>Full-Service Restaurants                           |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br>Fitness and Recreational Sports Centers            |   | NAICS Code for the Industry Category<br>7 1 3 9 4 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>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:<br>(b)(4)   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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 |
| (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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC23 19:12  
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**Part 1. Information About Principal of the Regional Center**

|                         |                 |                    |
|-------------------------|-----------------|--------------------|
| Name: Last<br>Silverman | First<br>Samuel | Middle<br>Brookner |
|-------------------------|-----------------|--------------------|

In Care Of:

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|                                 |           |                 |
|---------------------------------|-----------|-----------------|
| City: Palm Beach Gardens (b)(6) | State: FL | Zip Code: 33410 |
|---------------------------------|-----------|-----------------|

|  |  |  |
|--|--|--|
| Date of Birth (mm/dd/yyyy): <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px;"></span> | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
|--|--|--|

Web site address: www.eb5affiliatenetwork.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of California Regional Center, LLC

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|   |  |   |
|---|--|---|
| City: Palm Beach Gardens                      | State: FL                                      | Zip Code: 33410                               |
| Web site eb5affiliatenetwork.<br>Address: com | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|          |                                    |                                   |
|----------|------------------------------------|-----------------------------------|
| City:    | State:                             | Zip Code:                         |
| Web site | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1535753875**

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 |
| [Redacted]                        |  |                           |

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:<br>Full-Service Restaurants |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |

(b)(4)

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>Fitness and Recreational Sports Centers |   | NAICS Code for the Industry Category<br>7 1 3 9 4 0 |
| Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]   |   |   |

(b)(4)

|   |   |   |
|---|---|---|
| c. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |

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:<br>JD Artist Walk EB5 Fund LLC   |   | Industry Category Title:<br>Mixed Use Development |   |
| Address (Street Number and Name):<br>1925 Lovering Avenue  | City:<br>Wilmington                         | State:<br>DE                                      | Zip Code:<br>19806  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |   |
| [Redacted]   |   |   |   |
| Does this EB-5 commercial enterprise serve as a 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)

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>(1) Business Name:</b><br>Artist Walk Fremont LLC           |  | <b>Industry Category Title:</b><br>Mixed Use Development |                           |
| <b>Address (Street Number and Name):</b><br>37070 Fremont Blvd | <b>City:</b><br>Fremont                  | <b>State:</b><br>CA                                      | <b>Zip Code:</b><br>94536 |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                  |                           |
| <b>(2) Business Name</b>                                       |  | <b>Industry Category Title:</b>                          |                           |
| <b>Address (Street Number and Name):</b>                       | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                  |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

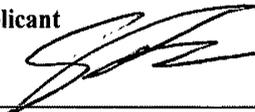
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.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<br>Silverman | First<br>Samuel | Middle<br>Brookner |
|-------------------------|-----------------|--------------------|

In Care Of:

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|                                 |           |                 |
|---------------------------------|-----------|-----------------|
| City: Palm Beach Gardens (b)(6) | State: FL | Zip Code: 33410 |
|---------------------------------|-----------|-----------------|

|                               |   |   |
|-------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (561) 775-7503 | Telephone Number<br>(include area code): (561) 775-7500 |
|-------------------------------|---|---|

Web site address: www.eb5affiliatenetwork.com

USCIS-assigned number for the Designated Regional Center (attach the  
Regional Center's most recently issued approval notice)

RCW1403151665/ID1403151665

**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 Affiliate Network State of Arizona Regional Center, LLC

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|                          |           |                 |
|--------------------------|-----------|-----------------|
| City: Palm Beach Gardens | State: FL | Zip Code: 33410 |
|--------------------------|-----------|-----------------|

|  |   |  |
|--|---|--|
| Web site<br>Address: eb5affiliatenetwork.com | Fax Number<br>(include area code): (561) 775-7503 | Telephone<br>(include area code): (561) 775-7500 |
|--|---|--|

**B. Name of Managing Company/Agency:**

Street Address/P.O. Box:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |
|----------------------|------------------------------------|-----------------------------------|

**C. Name of Other Agent:**

Street Address/P.O. Box:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|          |                                    |                                   |
|----------|------------------------------------|-----------------------------------|
| Web site | Fax Number<br>(include area code): | Telephone<br>(include area code): |
|----------|------------------------------------|-----------------------------------|



**RCW1535753872**

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.")

| 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:<br>Full-Service Restaurants |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| (b)(4)  |   |   |

|  |   |   |
|--|---|---|
| b. Industry Category Title:<br>Fitness and Recreational Sports Centers |   | NAICS Code for the Industry Category<br>7 1 3 9 4 0 |
| Aggregate EB-5 Capital Investment:                                     | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| (b)(4)   |   |   |

|   |   |   |
|---|---|---|
| c. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 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:<br>American Healthcare Fund of Glendale Arizon   |   | Industry Category Title:<br>Senior Living Community |                    |
| Address (Street Number and Name):<br>282 Century Place Ste 2000  | City:<br>Louisville                         | State:<br>CO  | Zip Code:<br>80027 |
| 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>(1) Business Name:</b><br>Golden Lane Senior Living, LLC             |  | <b>Industry Category Title:</b><br>Senior Living Community |                           |
| <b>Address (Street Number and Name):</b><br>SWC 67th Ave. & Golden Lane | <b>City:</b><br>Glendale                       | <b>State:</b><br>AZ  | <b>Zip Code:</b><br>85302 |
| <b>EB-5 Capital Investment:</b><br>[REDACTED]                           | <b>Direct and Indirect Job Creation:</b><br>NA | <b>Jobs Maintained:</b><br>NA                              |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                            |                           |
| <b>Address (Street Number and Name):</b>                                | <b>City:</b>                                   | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b>       | <b>Jobs Maintained:</b>                                    |                           |

(b)(4)

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>c. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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 |
| [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**.

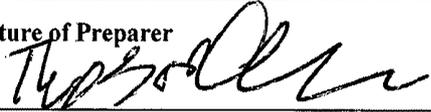
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

**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<br>Silverman | First<br>Samuel | Middle<br>Brookner |
|-------------------------|-----------------|--------------------|

In Care Of:

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|                                 |           |                 |
|---------------------------------|-----------|-----------------|
| City: Palm Beach Gardens (b)(6) | State: FL | Zip Code: 33410 |
|---------------------------------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
|----------------------------|--|--|

Web site address: www.eb5affiliatenetwork.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network New York/Tri-State Regional Center, LLC

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|   |  |   |
|---|--|---|
| City: Palm Beach Gardens                  | State: FL                                      | Zip Code: 33410                               |
| Web site Address: eb5affiliatenetwork.com | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |



**RCW1535753855**

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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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Full-Service Restaurants          |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]   |   |   |
| b. Industry Category Title:<br>Multi-Family Housing Construction |   | NAICS Code for the Industry Category<br>2 3 6 1 1 6 |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]   |   |   |
| c. Industry Category Title:<br>(b)(4)                            |   | NAICS Code for the Industry Category<br>_____       |
| 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 |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.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<br>Silverman                            | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |  |
| City: Palm Beach Gardens                           | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy)                         | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com      |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network Commonwealth of Massachusetts RC, LLC

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|   |  |   |
|---|--|---|
| City: Palm Beach Gardens                      | State: FL                                      | Zip Code: 33410                               |
| Web site eb5affiliatenetwork.<br>Address: com | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |



**RCW1535753884**  
egarcia2 1924A 12/23/2015

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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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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>a. Industry Category Title:</b><br>Full-Service Restaurants                |   | <b>NAICS Code for the Industry Category</b><br>7 2 2 5 1 1 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |  |
| [Redacted]  |   |  |  |
| <b>b. Industry Category Title:</b><br>Fitness and Recreational Sports Centers |   | <b>NAICS Code for the Industry Category</b><br>7 1 3 9 2 0 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |  |
| [Redacted]  |   |  |  |
| <b>c. Industry Category Title:</b><br>New Single-Family Housing Construction  |   | <b>NAICS Code for the Industry Category</b><br>2 3 6 1 1 5 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |  |
| [Redacted]  |   |  |  |

- 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>a. Name of Commercial Enterprise:</b><br>(b)(4)  |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                | <b>State:</b>                   | <b>Zip Code:</b> |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |                  |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                 |                  |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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.)

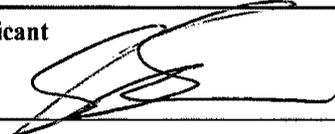
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 150623 21:26  
5233

**Part 1. Information About Principal of the Regional Center**

|                    |                |                  |
|--------------------|----------------|------------------|
| Name: Last<br>Chen | First<br>Jason | Middle<br>Yuming |
|--------------------|----------------|------------------|

In Care Of: E&W Lake Tahoe Regional Center, LLC

Street Address/P.O. Box: 5002 French Creek Road

|                              |                   |                 |
|------------------------------|-------------------|-----------------|
| City: Shingle Springs (b)(6) | State: California | Zip Code: 95628 |
|------------------------------|-------------------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): 530-562-4061 | Telephone Number (include area code): 415-497-1009 |
|----------------------------|--|--|

Web site address: www.EW-LakeTahoe-RC.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1225150755

**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:** E&W Lake Tahoe Regional Center, LLC

Street Address/P.O. Box: 5002 French Creek Road

|   |  |   |
|---|--|---|
| City: Shingle Springs                     | State: CA                                    | Zip Code: 95628                             |
| Web site Address: www.EW-LakeTahoe-RC.com | Fax Number (include area code): 530-562-4061 | Telephone (include area code): 415-497-1009 |

**B. Name of Managing Company/Agency:** E&W Lake Tahoe Regional Center, LLC

Street Address/P.O. Box: 5002 French Creek Road

|   |  |   |
|---|--|---|
| City: Shingle Springs                     | State: CA                                    | Zip Code: 95628                             |
| Web site Address: www.EW-LakeTahoe-RC.com | Fax Number (include area code): 530-562-4061 | Telephone (include area code): 415-497-1009 |

**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): |



**RCW1535753894**

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.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>N/A (No investments sponsored through RC yet) |   | NAICS Code for the Industry Category<br>N / A |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| [Redacted]   |   |   |
| b. Industry Category Title:  |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| c. Industry Category Title:  |   | NAICS Code for the Industry Category<br>_____ |
| 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:<br>None (No investments sponsored through RC yet)  |   | Industry Category Title:<br>None (No investments sponsored through RC yet) |   |
| Address (Street Number and Name):<br>N/A   | City:<br>N/A                                | State:<br>N/A  | Zip Code:<br>N/A  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:   |   |
| [Redacted]   |   |  |   |
| Does this EB-5 commercial 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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| <b>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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     |

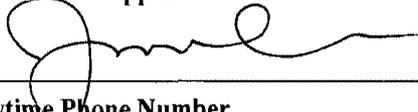
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

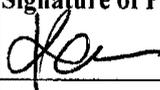
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Jason Yuming Chen | <b>Date (mm/dd/yyyy)</b><br>12/17/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>415-497-1009  | <b>E-Mail Address</b><br>chen-jason@sbcglobal.net     |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br>                | <b>Printed Name of Preparer</b><br>Katie Wu            | <b>Date (mm/dd/yyyy)</b><br>12/22/15      |
| <b>Firm Name and Address</b><br>Fragomen, Del Rey, Bernsen & Loewy, LLP<br>18401 Von Karman Avenue, Suite 255<br>Irvine, CA 92612 |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>949-261-0209   | <b>Fax Number (Area/Country Codes)</b><br>949-261-2821 | <b>E-Mail Address</b><br>kwu@fragomen.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

5326  
REC'D CSCY150123 15:05

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>Silverman   | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902  |  |  |
| City: Palm Beach Gardens (b)(6)   | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span> | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com   |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of Michigan Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |   |
| City: Palm Beach Gardens                           | State: FL                                      | Zip Code: 33410                               |
| Web site Address: eb5affiliatenetwork.com          | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |



**RCW1535853917**  
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(b)(4)

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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:<br>Full-Service Restaurants                           |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |
| b. Industry Category Title:<br>Fitness and Recreational Sports Centers            |   | NAICS Code for the Industry Category<br>7 1 3 9 4 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |
| c. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |

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:<br><p style="text-align: center;">(b)(4)</p>  |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

**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<br>Gresser                                | First<br>William                | Middle<br>P., Jr.                                    |
| In Care Of: EB-5 New York State, LLC                 |                                 |  |
| Street Address/P.O. Box: 640 Ellicott St., 4th Floor |                                 |  |
| City: Buffalo (b)(6)                                 | State: NY                       | Zip Code: 14203                                      |
| Date of Birth (mm/dd/yyyy):                          | Fax Number (include area code): | Telephone Number (include area code): (480) 206-5723 |
| Web site address: www.eb5nys.com                     |                                 |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1034050033

**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 New York State, LLC

|  |                                 |   |
|--|---------------------------------|---|
| Street Address/P.O. Box: 640 Ellicott St., 4th Floor |                                 |   |
| City: Buffalo  | State: NY                       | Zip Code: 14203                               |
| Web site www.eb5nys.com<br>Address:                  | Fax Number (include area code): | Telephone (include area code): (480) 206-5723 |

**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): |



**RCW1534353542**

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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>(b)(4)</b> | 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>(b)(4)</b> | a. Industry Category Title:<br>Student Housing |   | NAICS Code for the Industry Category<br>7 2 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<br>_____   |
|               | Aggregate EB-5 Capital Investment:             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|               |  |   |   |
|               | c. Industry Category Title:                    |   | NAICS Code for the Industry Category<br>_____   |
|               | 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:<br>PPNP Investors, LLC   |   | Industry Category Title:<br>Student Housing |   |
| Address (Street Number and Name):<br>640 Ellicott St., 4th Floor   | City:<br>Buffalo                            | State:<br>NY                                | Zip Code:<br>14203  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                  |   |
|  |   |   |   |
| Does this EB-5 commercial enterprise serve as a 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>(1) Business Name:</b><br>Park Point New Paltz, LLC  |  | <b>Industry Category Title:</b><br>Student Housing |                           |
| <b>Address (Street Number and Name):</b><br>111 Eighth Avenue   | <b>City:</b><br>New York                 | <b>State:</b><br>NY                                | <b>Zip Code:</b><br>10011 |
| <b>EB-5 Capital Investment:</b><br><div style="border: 1px solid black; width: 100px; height: 15px;"></div> | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                            |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                    |                           |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                             | <b>State:</b>                                      | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                            |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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 |
|  |        |         |

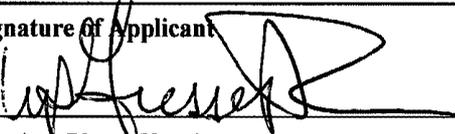
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>William P. Gresser, Jr. | <b>Date (mm/dd/yyyy)</b><br>12/08/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(480) 206-5723  | <b>E-Mail Address</b><br>bgresser@eb5nys.com                |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15 DEC 23 10:26 5326

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>Silverman   | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902  |  |  |
| City: Palm Beach Gardens (b)(6)   | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com   |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network Washington, D.C. Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |   |
| City: Palm Beach Gardens                           | State: FL                                      | Zip Code: 33410                               |
| Web site eb5affiliatenetwork.<br>Address: com      | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |



**RCW1535753865**  
maginger 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.")

| 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:<br>Full-Service Restaurants                           |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |
| b. Industry Category Title:<br>Fitness and Recreational Sports Centers            |   | NAICS Code for the Industry Category<br>7 1 3 9 4 0 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
|   |   |   |  |
| c. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>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:<br>(b)(4)   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC23 16:14

5326

**Part 1. Information About Principal of the Regional Center**

|  |  |  |
|--|--|--|
| Name: Last<br>Silverman                            | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:  |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |  |
| City: Palm Beach Gardens (b)(6)                    | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy)                         | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com      |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network States of Washington and Oregon RC, LLC

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|   |  |   |
|---|--|---|
| City: Palm Beach Gardens                  | State: FL                                      | Zip Code: 33410                               |
| Web site Address: eb5affiliatenetwork.com | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |



**RCW1535753861**

maginger 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.")

| 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>a. Industry Category Title:</b><br>Full-Service Restaurants                           |   | <b>NAICS Code for the Industry Category</b><br>7 2 2 5 1 1 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |  |
|  |   |  |  |
| <b>b. Industry Category Title:</b><br>Commercial and Institutional Building Construction |   | <b>NAICS Code for the Industry Category</b><br>2 3 6 2 2 0 |  |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                                 |  |
|  |   |  |  |
| <b>c. Industry Category Title:</b><br>(b)(4)   |   | <b>NAICS Code for the Industry Category</b><br>_ _ _ _ _   |  |
| 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>a. Name of Commercial Enterprise:</b>  |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):   | City:                                       | State:                          | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                 |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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.)

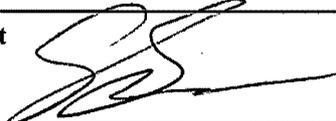
(b)(4)

| 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**.

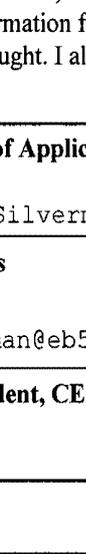
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |  |
|--|--|--|
| <b>Signature of Preparer</b><br>  | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410 |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500  | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC-030150023 10-02 5326

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>Silverman   | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902  |  |  |
| City: Palm Beach Gardens  | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; padding: 2px;">(b)(6)</span> | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com   |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of Texas Regional Center, LLC

|  |  |   |
|--|--|---|
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902 |  |   |
| City: Palm Beach Gardens                           | State: FL                                      | Zip Code: 33410                               |
| Web site Address: eb5affiliatenetwork.com          | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |



**RCW1535753859**

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.")

| Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Full-Service Restaurants                           |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| b. Industry Category Title:<br>Fitness and Recreational Sports Centers            |   | NAICS Code for the Industry Category<br>7 1 3 9 4 0 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |
| c. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |  |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |  |
| [Redacted]  |   |   |  |

- 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:<br>(b)(4)   |   | Industry Category Title:   |           |
| Address (Street Number and Name):   | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                            |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.com |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

RCW 1535753857 5326

**Part 1. Information About Principal of the Regional Center**

|   |  |  |
|---|--|--|
| Name: Last<br>Silverman   | First<br>Samuel                                | Middle<br>Brookner                                   |
| In Care Of:   |  |  |
| Street Address/P.O. Box: 3801 PGA Blvd., Suite 902  |  |  |
| City: Palm Beach Gardens (b)(6)   | State: FL                                      | Zip Code: 33410                                      |
| Date of Birth (mm/dd/yyyy) <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> | Fax Number (include area code): (561) 775-7503 | Telephone Number (include area code): (561) 775-7500 |
| Web site address: www.eb5affiliatenetwork.com   |  |  |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1403151665/ID1403151665

**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 Affiliate Network State of North Carolina Regional Center, LLC

Street Address/P.O. Box: 3801 PGA Blvd., Suite 902

|   |  |   |
|---|--|---|
| City: Palm Beach Gardens                      | State: FL                                      | Zip Code: 33410                               |
| Web site eb5affiliatenetwork.<br>Address: com | Fax Number (include area code): (561) 775-7503 | Telephone (include area code): (561) 775-7500 |

**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): |



**RCW1535753857**  
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.")

| 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:<br>Full-Service Restaurants                           |   | NAICS Code for the Industry Category<br>7 2 2 5 1 1 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| b. Industry Category Title:<br>Commercial and Institutional Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:<br>(b)(4)   |   | NAICS Code for the Industry Category<br>_ _ _ _ _   |
| 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 |
| (b)(4)                                 |        |         |

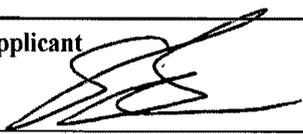
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Samuel B. Silverman | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 386-5356  | <b>E-Mail Address</b><br>sam.silverman@eb5an.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Thomas N. Silverman   | <b>Date (mm/dd/yyyy)</b><br>12/01/2015                 |
| <b>Firm Name and Address</b><br>Thomas N. Silverman, P.A., 3801 PGA Blvd., Suite 902, Palm Beach Gardens, FL 33410  |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(561) 775-7500   | <b>Fax Number (Area/Country Codes)</b><br>(561) 775-7503 | <b>E-Mail Address</b><br>tns@floridaprobatecounsel.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<br>Liu  | First<br>Edward                                   | Middle  |
| In Care Of: East Coast Renewable Energy Regional Center, LLC |   |   |
| Street Address/P.O. Box: 600 South Lake Avenue, Suite 306    |   |   |
| City: Pasadena   | (b)(6)  | State: CA Zip Code: 91106                               |
| Date of Birth<br>(mm/dd/yyyy)                                | Fax Number<br>(include area code): (909) 598-2183 | Telephone Number<br>(include area code): (909) 598-2185 |
| Web site address: N/A  |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1105950170

**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 Coast Renewable Energy Regional Center, LLC

Street Address/P.O. Box: 600 South Lake Avenue, Suite 306

|                          |   |  |
|--------------------------|---|--|
| City: Pasadena           | State: CA   | Zip Code: 91106                                  |
| Web site N/A<br>Address: | Fax Number<br>(include area code): (909) 598-2183 | Telephone<br>(include area code): (909) 598-2185 |

**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<br>Address: | Fax Number<br>(include area code): N/A | Telephone<br>(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<br>Address: | Fax Number<br>(include area code): N/A | Telephone<br>(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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Nonresidential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]  |   |   |  |
| b. Industry Category Title:<br>Warehouse and Storage                |   | NAICS Code for the Industry Category<br>4 9 3 1 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]  |   |   |  |
| c. Industry Category Title:<br>Lessors of Real Estate               |   | NAICS Code for the Industry Category<br>5 3 1 1 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]  |   |   |  |

- 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:<br>N/A  |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:                            | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name</b><br>N/A                 |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                        |
|---|--|--|------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                        |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b>                          | <b>Zip Code</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A          |                        |

**Part 3. Information About the Regional Center (Continued)**

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

**Part 3. Information About the Regional Center (Continued)**

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address Street Number and Name:</b><br>N/A    | <b>City:</b><br>N/A                                       | <b>State:</b>                            | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |   |  |                         |
|---|---|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A         |                         |
| <b>(2) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b>                          | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>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 |
| [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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Edward Liu | <b>Date (mm/dd/yyyy)</b><br>12/18/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(909) 598-2185  | <b>E-Mail Address</b><br>edward@ecbyte.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Liu  | First<br>Edward                                   | Middle  |
| In Care Of: East Coast Renewable Energy Regional Center, LLC   |   |   |
| Street Address/P.O. Box: 909 El Centro Street, Suite 1   |   |   |
| City: South Pasadena   | (b)(6)  | State: CA Zip Code: 91030                               |
| Date of Birth<br>(mm/dd/yyyy):   | Fax Number<br>(include area code): (626) 581-8830 | Telephone Number<br>(include area code): (626) 581-8858 |
| Web site address: Under construction   |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |   | ID1105950170  |

**Part 2. Application Type (check one)**

- a. Supplement for the Fiscal Year Ending September 30, 2013 (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 Coast Renewable Energy Regional Center, LLC

Street Address/P.O. Box: 909 El Centro Street, Suite 1

|   |   |  |
|---|---|--|
| City: South Pasadena                    | State: CA   | Zip Code: 91030                                  |
| Web site Under construction<br>Address: | Fax Number<br>(include area code): (626) 581-8830 | Telephone<br>(include area code): (626) 581-8858 |

**B. Name of Managing Company/Agency:** N/A

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |

**C. Name of Other Agent:** N/A

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Nonresidential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]  |   |   |  |
| b. Industry Category Title:<br>Warehousing and Storage              |   | NAICS Code for the Industry Category<br>4 9 3 1 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]  |   |   |  |
| c. Industry Category Title:<br>Lessors of Real Estate               |   | NAICS Code for the Industry Category<br>5 3 1 1 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]  |   |   |  |

- 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:<br>N/A  |   | Industry Category Title:<br>(b)(4) |           |
| Address (Street Number and Name):   | City:                                       | State:                             | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:         |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                    |           |

**Part 3. Information About the Regional Center** (Continued)

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>       | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b><br>N/A         |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**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 |
| (b)(4)                                 |        |         |

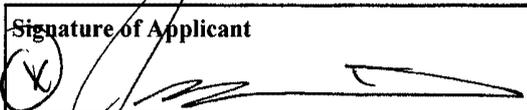
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Edward Liu | <b>Date (mm/dd/yyyy)</b><br>12/23/2013 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>626-581-8858   | <b>E-Mail Address</b><br>edward@ecbyte.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Liu  |  | First<br>Edward                                   | Middle  |
| In Care Of: East Coast Renewable Energy Regional Center, LLC |  |   |   |
| Street Address/P.O. Box: 909 El Centro Street, Suite 1       |  |   |   |
| City: South Pasadena   |  | (b)(6)  | State: CA   |
|  |  |   | Zip Code: 91030   |
| Date of Birth<br>(mm/dd/yyyy):                               |  | Fax Number<br>(include area code): (909) 598-2183 | Telephone Number<br>(include area code): (909) 598-2185 |
| Web site address: N/A  |  |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1105950170

**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:** East Coast Renewable Energy Regional Center, LLC

Street Address/P.O. Box: 909 El Centro Street, Suite 1

|                          |   |  |                 |
|--------------------------|---|--|-----------------|
| City: South Pasadena     |   | State: CA  | Zip Code: 91030 |
| Web site N/A<br>Address: | Fax Number<br>(include area code): (909) 598-2183 | Telephone<br>(include area code): (909) 598-2185 |                 |

**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<br>Address: | Fax Number<br>(include area code): N/A | Telephone<br>(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<br>Address: | Fax Number<br>(include area code): N/A | Telephone<br>(include area code): N/A |               |



RCW1434452071

egarcia2 1924A 12/10/2014

(b)(4)

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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:<br>Nonresidential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]  |   |   |  |
| b. Industry Category Title:<br>Warehousing and Storage              |   | NAICS Code for the Industry Category<br>4 9 3 1 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]  |   |   |  |
| c. Industry Category Title:<br>Lessors of Real Estate               |   | NAICS Code for the Industry Category<br>5 3 1 1 |  |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |  |
| [Redacted]  |   |   |  |

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:<br>N/A  |  | (b)(4)       |                                   | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A  |  | City:<br>N/A |                                   | State:                          | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A   | Aggregate Direct and Indirect Job Creation:<br>N/A |              | Aggregate Jobs Maintained:<br>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:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

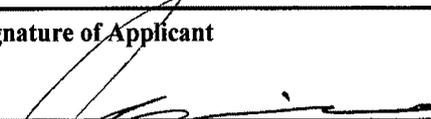
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Edward Liu | <b>Date (mm/dd/yyyy)</b><br>11/12/2014 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>9095982185   | <b>E-Mail Address</b><br>edward@ecbyte.com     |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Brunner                                   | First<br>Angelique                                | Middle<br>G.  |
| In Care Of: EB5 Capital - California Regional Center    |   |   |
| Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104 |   |   |
| City: Bethesda  | (b)(6)  | State: MD   |
|   |   | Zip Code: 20816   |
| Date of Birth<br>(mm/dd/yyyy)                           | Fax Number<br>(include area code): (888) 338-3316 | Telephone Number<br>(include area code): (202) 652-2437 |
|   |   |   |
| Web site address: www.eb5capital.com                    |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1217050690 / ID1217050690

**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:** EB5 Capital - California Regional Center

Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104

|   |   |  |
|---|---|--|
| City: Bethesda                          | State: MD   | Zip Code: 20816                                  |
| Web site<br>Address: www.eb5capital.com | Fax Number<br>(include area code): (888) 338-3316 | Telephone<br>(include area code): (202) 652-2437 |

**B. Name of Managing Company/Agency:** Angelique G. Brunner

Street Address/P.O. Box: 6106 MacArthur Blvd. Suite 104

|   |   |  |
|---|---|--|
| City: Bethesda                          | State: MD   | Zip Code: 20816                                  |
| Web site<br>Address: www.eb5capital.com | Fax Number<br>(include area code): (888) 338-3316 | Telephone<br>(include area code): (202) 652-2437 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| City:                | State:                             | Zip Code:                         |
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(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 |
|        | [Redacted]                        | 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".)

|        |   |   |   |
|--------|---|---|---|
| (b)(4) | a. Industry Category Title:<br>Construction                             |   | NAICS Code for the Industry Category<br>2 3         |
|        | Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                   |
| (b)(4) | b. Industry Category Title:<br>Hotels (except casino hotels) and Motels |   | NAICS Code for the Industry Category<br>7 2 1 1 1 1 |
|        | Aggregate EB-5 Capital Investment:                                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                   |
| (b)(4) | c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>-----       |
|        | 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:<br>EB5 Capital - Jobs Fund 6, L.P. |  | Industry Category Title:<br>525   |                    |
|  | Address (Street Number and Name):<br>6106 MacArthur Blvd. (#104)     | City:<br>Bethesda  | State:<br>MD                      | Zip Code:<br>20816 |
|  | Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation:<br>(see attached supplement) | Aggregate Jobs Maintained:<br>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:<br>San Jose HHG Development, LP   |  | Industry Category Title:<br>721110 |                    |
| Address (Street Number and Name):<br>105 Decker Ct. Suite 500  | City:<br>Irving  | State:<br>TX                       | Zip Code:<br>75062 |
| EB-5 Capital Investment:<br><div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> (b)(4) | Direct and Indirect Job Creation:<br>(see attached supplement) | Jobs Maintained:<br>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>b.</b> Name of Commercial Enterprise:<br>EB5 Capital - Jobs Fund 7, L.P.  |  | Industry Category Title:<br>525   |                    |
| Address (Street Number and Name):<br>6106 MacArthur Blvd. (#104)   | City:<br>Bethesda  | State:<br>MD                      | Zip Code:<br>20816 |
| Aggregate EB-5 Capital Investment:<br><div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> (b)(4) | Aggregate Direct and Indirect Job Creation:<br>(see attached supplement) | Aggregate Jobs Maintained:<br>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:<br>FSP-Redwood City, LLC  |  | Industry Category Title:<br>2361 |                    |
| Address (Street Number and Name):<br>11921 Freedom Dr. Suite 950   | City:<br>Reston  | State:<br>VA                     | Zip Code:<br>20190 |
| EB-5 Capital Investment:<br><div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> (b)(4) | Direct and Indirect Job Creation:<br>(see attached supplement) | Jobs Maintained:<br>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?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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 |
| [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.)

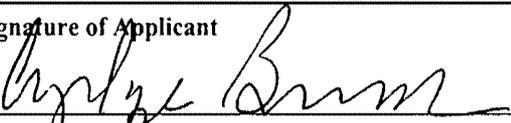
(b)(4)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Angelique Brunner | <b>Date (mm/dd/yyyy)</b><br>12/22/2014 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>202-652-2437   | <b>E-Mail Address</b><br>abrunner@eb5capital.com      |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

**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.

|   |                                  |                          |
|---|----------------------------------|--------------------------|
| <b>Signature of Applicant</b>   | <b>Printed Name of Applicant</b> | <b>Date (mm/dd/yyyy)</b> |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i>                                | <b>E-Mail Address</b>            |                          |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b> |                                  |                          |

**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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC28 15:06  
5326

**Part 1. Information About Principal of the Regional Center**

|                       |               |             |
|-----------------------|---------------|-------------|
| Name: Last<br>Klaasen | First<br>Rick | Middle<br>A |
|-----------------------|---------------|-------------|

In Care Of: Resource Regional Center Michigan, LLC

Street Address/P.O. Box: 2200 222nd Street SE

|                         |           |                 |
|-------------------------|-----------|-----------------|
| City: Bothell<br>(b)(6) | State: WA | Zip Code: 98021 |
|-------------------------|-----------|-----------------|

|                                |   |   |
|--------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): (425) 481-8273 | Telephone Number<br>(include area code): (425) 281-5384 |
|--------------------------------|---|---|

Web site address: www.rrcm.us

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1222650730/ID122265730

**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: Resource Regional Center Michigan, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 2200 222nd Street SE |   |  |
| City: Bothell                                 | State: WA   | Zip Code: 98021                                  |
| Web site<br>Address: www.rrcm.us              | Fax Number<br>(include area code): (425) 481-8273 | Telephone<br>(include area code): (425) 281-5384 |

B. Name of Managing Company/Agency:

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |

C. Name of Other Agent:

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1536253930**

maginger 1924A 12/28/2015

(b)(4)

**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:<br>Oil & Gas Extraction |   | NAICS Code for the Industry Category<br>2 1 1 1 |
| Aggregate EB-5 Capital Investment:                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|   |   |   |

|   |   |   |
|---|---|---|
| b. Industry Category Title:<br>Drilling Oil & Gas Wells |   | NAICS Code for the Industry Category<br>2 1 3 1 1 1 |
| Aggregate EB-5 Capital Investment:                      | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |

|  |   |   |
|--|---|---|
| c. Industry Category Title:<br>Support Activities for oil & gas operations |   | NAICS Code for the Industry Category<br>5 3 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:<br>Opus Oil & Gas, LLC   |   | Industry Category Title:<br>Drilling Oil & Gas Wells |                    |
| Address (Street Number and Name):<br>2200 222nd Street SE  | City:<br>Bothell                            | State:<br>WA   | Zip Code:<br>98021 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                           |                    |
|  |   |  |                    |
| Does this EB-5 commercial 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                 |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                 |

**Part 3. Information About the Regional Center (Continued)**

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>c. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

**Part 3. Information About the Regional Center (Continued)**

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>d. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| <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> |  |                                   |                  |
| <b>(1) Business Name:</b>   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>           |                  |
| <b>(2) Business Name:</b>   |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>           |                  |
| <b>e. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address Street Number and Name:</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b>   | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |
| <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.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Rick Klaasen | <b>Date (mm/dd/yyyy)</b><br>12/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(425) 281-5384  | <b>E-Mail Address</b><br>rick@opusoil.com        |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC/IS/DEC/16 1950

5338

**Part 1. Information About Principal of the Regional Center**

|                     |                 |        |
|---------------------|-----------------|--------|
| Name: Last<br>Huang | First<br>Justin | Middle |
|---------------------|-----------------|--------|

In Care Of:

Street Address/P.O. Box: 9680 Flair Drive

|                |           |                 |
|----------------|-----------|-----------------|
| City: El Monte | State: CA | Zip Code: 91731 |
|----------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (626) 444-6698 | Telephone Number (include area code): (626) 444-6668 |
|-----------------------------|--|--|

Web site address: www.uscsrc.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, \_\_\_\_\_ (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:** Southern California Commercial Regional Center

Street Address/P.O. Box: 9680 Flair Drive

|                |           |                 |
|----------------|-----------|-----------------|
| City: El Monte | State: CA | Zip Code: 91731 |
|----------------|-----------|-----------------|

|                                     |  |   |
|-------------------------------------|--|---|
| Web site www.uscsrc.com<br>Address: | Fax Number (include area code): (626) 444-6698 | Telephone (include area code): (626) 444-6668 |
|-------------------------------------|--|---|

**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>(b)(4)</b> | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|               | [Redacted]                        |  | 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>(b)(4)</b> | a. Industry Category Title:<br>Professional Offices                            |   | NAICS Code for the Industry Category<br>5 4 1 1 |
|               | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A               |
| <b>(b)(4)</b> | b. Industry Category Title:<br>Architectural, Engineering and Related Services |   | NAICS Code for the Industry Category<br>5 4 1 3 |
|               | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A               |
| <b>(b)(4)</b> | c. Industry Category Title:  |   | NAICS Code for the Industry Category<br>_____   |
|               | 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>(b)(4)</b> | a. Name of Commercial Enterprise:<br>PRBC 7  |   | Industry Category Title:<br>Professional Offices                    |                    |
|               | Address (Street Number and Name):<br>75 Rancho Camino Dr.  | City:<br>Pomona                             | State:<br>CA  | Zip Code:<br>91766 |
|               | Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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:<br>PRBC 6AB   |   | Industry Category Title:<br>Architectural, Engineering and Related |                    |
| Address (Street Number and Name):<br>21 & 31 Rancho Camino Dr.  | City:<br>Pomona                             | State:<br>CA   | Zip Code:<br>91766 |
| Aggregate EB-5 Capital Investment:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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          |          |

(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?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business 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)                                 |        |         |

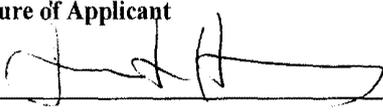
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>       | <b>Printed Name of Applicant</b><br>Justin Huang | <b>Date (mm/dd/yyyy)</b><br>12/07/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(626) 444-6668  | <b>E-Mail Address</b><br>justinh@ykamerica.com   |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

2591 6 3391 050 038  
5326

**Part 1. Information About Principal of the Regional Center**

|   |   |   |                 |
|---|---|---|-----------------|
| Name: Last<br>Weinberger                                      |   | First<br>Ari  | Middle          |
| In Care Of: Neal A. Stein                                     |   |   |                 |
| Street Address/P.O. Box: 8170 McCormick Blvd. Suite 100 # 209 |   |   |                 |
| City: Skokie (b)(6)   |   | State: IL   | Zip Code: 60076 |
| Date of Birth<br>(mm/dd/yyyy)                                 | Fax Number<br>(include area code): (630) 689-1288 | Telephone Number<br>(include area code): (630) 399-3990 |                 |
| Web site address: www.eb5chicagohealthcarefund.com            |   |   |                 |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1217350694

**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:** Chicago Health Care Fund Regional Center

|   |   |  |                 |
|---|---|--|-----------------|
| Street Address/P.O. Box: 8170 McCormick Blvd. Suite 100 |   |  |                 |
| City: Skokie  |   | State: IL  | Zip Code: 60076 |
| Web site<br>Address: eb5chicagohealthcarefu<br>nd.com   | Fax Number<br>(include area code): (630) 689-1288 | Telephone<br>(include area code): (630) 399-3990 |                 |

**B. Name of Managing Company/Agency:**

|                          |                                    |                                   |           |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: |                                    |                                   |           |
| City:                    |                                    | State:                            | Zip Code: |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |           |

**C. Name of Other Agent:**

|                          |                                    |                                   |           |
|--------------------------|------------------------------------|-----------------------------------|-----------|
| Street Address/P.O. Box: |                                    |                                   |           |
| City:                    |                                    | State:                            | Zip Code: |
| Web site<br>Address:     | Fax Number<br>(include area code): | Telephone<br>(include area code): |           |



RCW1534353541

maginger 1924A 12/09/2015

(b)(4)

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

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:<br>Homes Elderly People           |   | NAICS Code for the Industry Category<br>6 2 3 3 1 2 |
| Aggregate EB-5 Capital Investment:                            | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |
| b. Industry Category Title:<br>Com Inst Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 2 0 |
| Aggregate EB-5 Capital Investment:                            | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
| [Redacted]  |   |   |
| c. Industry Category Title:<br>(b)(4)                         |   | NAICS Code for the Industry Category<br>_____       |
| 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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name</b>                 |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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 |
| [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.

|  |  |                                     |
|--|--|-------------------------------------|
| <b>Signature of Applicant</b><br><i>ari Weinberger</i>   | <b>Printed Name of Applicant</b><br>Ari Weinberger       | <b>Date (mm/dd/yyyy)</b><br>12-7-15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(630) 399-3990                                  | <b>E-Mail Address</b><br>ari.Weinberger@WeiserMizers.com |                                     |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Adair | First<br>Tommy | Middle |
|---------------------|----------------|--------|

In Care Of:

Street Address/P.O. Box: PO Box 4230

|                               |   |   |
|-------------------------------|---|---|
| City: Ocala<br>(b)(6)         | State: FL   | Zip Code: 34478   |
| Date of Birth<br>(mm/dd/yyyy) | Fax Number<br>(include area code): (352) 732-4366 | Telephone Number<br>(include area code): (352) 843-4148 |

Web site address: EB5CharterUSA.org

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1234250845

**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:** Charter USA Financial, LLC

|                                      |  |   |
|--------------------------------------|--|---|
| Street Address/P.O. Box: PO Box 4230 |  |   |
| City: Ocala                          | State: FL                                      | Zip Code: 34478                               |
| Web site Address: EB5CharterUSA.org  | Fax Number (include area code): (352) 732-4366 | Telephone (include area code): (352) 843-4148 |

**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): |



**RCW1535153695**

egarcia2 1924A 12/17/2015

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>(b)(4)</b> | Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
|               | [Redacted]                        |  | 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>(b)(4)</b> | a. Industry Category Title:<br>Construction                    |   | NAICS Code for the Industry Category<br>2 3 6 2     |  |
|               | Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                   |  |
| <b>(b)(4)</b> | b. Industry Category Title:<br>Elementary and Secondary School |   | NAICS Code for the Industry Category<br>6 1 1 1 1 0 |  |
|               | Aggregate EB-5 Capital Investment:                             | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>N/A                   |  |
| <b>(b)(4)</b> | c. Industry Category Title:                                    |   | NAICS Code for the Industry Category<br>— — — — —   |  |
|               | 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>(b)(4)</b>  | a. Name of Commercial Enterprise:<br>FMMA Project, LP |   | Industry Category Title:<br>See above |                    |
|  | Address (Street Number and Name):<br>1558 SW 7th Rd   | City:<br>Ocala                              | State:<br>FL                          | Zip Code:<br>34471 |
|  | Aggregate EB-5 Capital Investment:                    | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:<br>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.

|   |  |  |                           |
|---|--|--|---------------------------|
| <b>(1) Business Name:</b><br>Charter USA Development, LLC   |  | <b>Industry Category Title:</b><br>See above |                           |
| <b>Address (Street Number and Name):</b><br>1558 SW 7th Rd  | <b>City:</b><br>Ocala  | <b>State:</b><br>FL                          | <b>Zip Code:</b><br>34471 |
| <b>EB-5 Capital Investment:</b><br><div style="border: 1px solid black; background-color: black; width: 100%; height: 15px;"></div> | <b>Direct and Indirect Job Creation:</b><br><div style="border: 1px solid black; background-color: black; width: 100%; height: 15px;"></div> | <b>Jobs Maintained:</b><br>N/A               |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>              |                           |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>   | <b>State:</b>                                | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b>   | <b>Jobs Maintained:</b>                      |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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 |
| (b)(4)                                 |        |         |

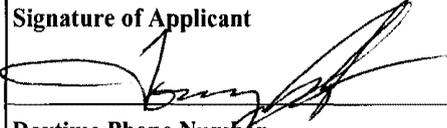
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Tommy Adair   | <b>Date (mm/dd/yyyy)</b><br>12/10/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(352) 843-4148  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Sears                             | First<br>Michael                                  | Middle<br>Ralph   |
| In Care Of: Global Capital Markets Advisors LLC |   |   |
| Street Address/P.O. Box: 600 Cameron Street     |   |   |
| City: Alexandria                                | (b)(6)  | State: VA   |
| Zip Code: 22314                                 |   |   |
| Date of Birth<br>(mm/dd/yyyy)                   | Fax Number<br>(include area code): (703) 635-7873 | Telephone Number<br>(include area code): (703) 659-0897 |
| Web site address: www.gcmfunds.com              |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) 1031910117

**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:** Capitol Area Regional Center Job Fund LLC (aka; CARC™)

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 600 Cameron Street |   |  |
| City: Alexandria                            | State: VA   | Zip Code: 22314                                  |
| Web site www.eb5dc.com<br>Address:          | Fax Number<br>(include area code): (703) 635-7873 | Telephone<br>(include area code): (703) 659-0897 |

**B. Name of Managing Company/Agency:** Global Capital Markets Advisors, LLC

|   |   |  |
|---|---|--|
| Street Address/P.O. Box: 600 Cameron Street |   |  |
| City: Alexandria                            | State: VA   | Zip Code: 22314                                  |
| Web site www.gcmfunds.com<br>Address:       | Fax Number<br>(include area code): (888) 317-4880 | Telephone<br>(include area code): (703) 659-0897 |

**C. Name of Other Agent:** N/A

|                          |                                    |                                   |
|--------------------------|------------------------------------|-----------------------------------|
| Street Address/P.O. Box: |                                    |                                   |
| City:                    | State:                             | Zip Code:                         |
| Web site                 | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1534853641**

egarcia2 I924A 12/14/2015

REC'D CSC/INTEC/14 2/1/15 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:<br>lending funds with real estate as collateral |   | NAICS Code for the Industry Category<br>5 2 2 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<br>_ _ _ _ _   |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                          |
|   |   |   |
| c. Industry Category Title:   |   | NAICS Code for the Industry Category<br>_ _ _ _ _   |
| 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:<br>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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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)                                 |        |         |

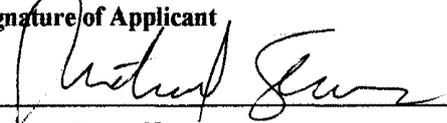
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Signature of Applicant</b><br>           | <b>Printed Name of Applicant</b><br>Michael R. Sears | <b>Date (mm/dd/yyyy)</b><br>12/10/15 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(703) 346-8311  | <b>E-Mail Address</b><br>msears@gcmfunds.com         |                                      |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Managing Principal & Co-Founder |  |                                      |

**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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |



**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”.)

(b)(4)

|  |   |   |
|--|---|---|
| a. Industry Category Title:<br><del>N/A</del> <i>Real Estate</i> |   | NAICS Code for the Industry Category<br><i>522294</i> |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                            |
|  |   |   |
| b. Industry Category Title:                                      |   | NAICS Code for the Industry Category<br>-----         |
| Aggregate EB-5 Capital Investment:                               | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                            |
|  |   |   |
| c. Industry Category Title:                                      |   | NAICS Code for the Industry Category<br>-----         |
| 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:<br>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)**

|  |   |                                 |           |
|--|---|---------------------------------|-----------|
| <b>d. Name of Commercial Enterprise:</b>   |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):  | City:                                       | State:                          | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, then identify the name and address of 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>(1) Business Name:</b>  |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):  | City:                                       | State:                          | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:                |           |
| <b>(2) Business Name:</b>  |   | <b>Industry Category Title:</b> |           |
| Address (Street Number and Name):  | City:                                       | State:                          | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:                |           |
| <b>e. Name of Commercial Enterprise:</b>   |   | <b>Industry Category Title:</b> |           |
| Address Street Number and Name:  | City:                                       | State:                          | Zip Code: |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:      |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |                                 |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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 |
| [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.)

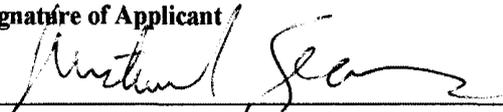
(b)(4)

| 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.

|  |  |                                       |
|--|--|---------------------------------------|
| <b>Signature of Applicant</b><br>           | <b>Printed Name of Applicant</b><br>Michael R. Sears | <b>Date (mm/dd/yyyy)</b><br>12/3/2014 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>(703) 346-8311   | <b>E-Mail Address</b><br>msears@gcmafunds.com        |                                       |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Managing Principal & Co-Founder |  |                                       |

**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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,**  
**Supplement to Form I-924**

RCW 1533653489 2 18 15  
5338

**Part 1. Information About Principal of the Regional Center**

|   |   |   |
|---|---|---|
| Name: Last<br>Rosenfeld   | First<br>Tommy                                | Middle  |
| In Care Of: CanAm Enterprises, LLC                                  |   |   |
| Street Address/P.O. Box: Wall Street Plaza, 88 Pine Street Ste 2010 |   |   |
| City: New York<br>(b)(6)  | State: NY                                     | Zip Code: 10005                                     |
| Date of Birth<br>(mm/dd/yyyy):                                      | Fax Number<br>(include area code): 2126680691 | Telephone Number<br>(include area code): 2126680690 |
| Web site address: www.canamenterprises.com                          |   |   |

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910137

**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: CanAm Florida Regional Center              |   |  |
| Street Address/P.O. Box: 108 West 13th Street                          |   |  |
| City: Wilmington   | State: DE                                     | Zip Code: 19801                              |
| Web site<br>Address: canamenterprises.com                              | Fax Number<br>(include area code): 2126680691 | Telephone<br>(include area code): 2126680690 |
| B. Name of Managing Company/Agency: CanAm Florida Regional Center, LLC |   |  |
| Street Address/P.O. Box: 108 West 13th Street                          |   |  |
| City: Wilmington   | State: DE                                     | Zip Code: 19801                              |
| Web site<br>Address: canamenterprises.com                              | Fax Number<br>(include area code): 2126680691 | Telephone<br>(include area code): 2126680690 |
| C. Name of Other Agent:  |   |  |
| Street Address/P.O. Box:   |   |  |
| City:  | State:  | Zip Code:                                    |
|  | Fax Number<br>(include area code):            | Telephone<br>(include area code):            |



RCW1533653489

egarcia2 1924A 12/02/2015

**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>Aggregate EB-5 Capital Investment</b> | <b>Aggregate Direct and Indirect Job Creation</b> | <b>Aggregate Jobs Maintained</b> |
| (b)(4)                                   |   | 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:<br>Passenger Railway, Line Haul | NAICS Code for the Industry Category<br>4 8 2 1 1 1                              |
| Aggregate EB-5 Capital Investment:<br>(b)(4)                | Aggregate Direct and Indirect Job Creation:<br>Aggregate Jobs Maintained:<br>N/A |
| b. Industry Category Title:                                 | NAICS Code for the Industry Category   |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation:<br>Aggregate Jobs Maintained:        |
| c. Industry Category Title:                                 | NAICS Code for the Industry Category   |
| Aggregate EB-5 Capital Investment:                          | Aggregate Direct and Indirect Job Creation:<br>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:<br>Florida Regional Center, LP I   | Industry Category Title:<br>Passenger Railway, Line Haul (482111)                |
| Address (Street Number and Name):<br>108 West 13th Street  | City:<br>Wilmington  |
| State:<br>DE   | Zip Code:<br>19801   |
| Aggregate EB-5 Capital Investment:<br>(b)(4)   | Aggregate Direct and Indirect Job Creation:<br>Aggregate Jobs Maintained:<br>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.

|  |  |  |                           |
|--|--|--|---------------------------|
| <b>(1) Business Name:</b><br>All Aboard Florida Mezzanine Holdings LLC |  | <b>Industry Category Title:</b><br>Passenger Railway, Line Haul (482111) |                           |
| <b>Address (Street Number and Name):</b><br>2855 Le Jeune Road         | <b>City:</b><br>Coral Gables             | <b>State:</b><br>FL  | <b>Zip Code:</b><br>33134 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                              | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>N/A   |                           |
| <b>(2) Business Name</b>   |  | <b>Industry Category Title:</b>  |                           |
| <b>Address (Street Number and Name):</b>                               | <b>City:</b>                             | <b>State:</b>  | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>  |                           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| <b>b. Name of Commercial Enterprise:</b>  |  | <b>Industry Category Title:</b>   |                  |
| <b>Address (Street Number and Name):</b>  | <b>City:</b>                                       | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Aggregate EB-5 Capital Investment:</b> | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b> |                  |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>                |   | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                            | <b>State:</b>                   | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment</b>           | <b>Direct and Indirect Job Creation</b> | <b>Jobs Maintained</b>          |                  |

**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 |
| [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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Tommy Rosenfeld        | <b>Date (mm/dd/yyyy)</b><br>11-30-2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>2126680690  | <b>E-Mail Address</b><br>rosenfeldtom@canamenterprises.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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   | FLUSBERG   | First                           | DAVID        | Middle                                | JAY             |
| In Care Of:  |  |                                 |              |                                       |                 |
| Street Address/P.O. Box:   | 234 EAST 70 <sup>th</sup> ST. #1                         |                                 |              |                                       |                 |
| City:  | NEW YORK   | (b)(6)                          | State:       | NY                                    | Zip Code: 10021 |
| Date of Birth (mm/dd/yyyy)   | [Redacted]   | Fax Number (include area code): | 646-219-0529 | Telephone Number (include area code): | 646-627-4628    |
| Web site address:  | <del>www.david-flusberg.com</del> www.david-flusberg.com |                                 |              |                                       |                 |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) |  |                                 |              |                                       |                 |
| RCW1315651157/13315651157  |  |                                 |              |                                       |                 |

**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: CAPITAL UNITED REGIONAL CENTER LLC

|                          |                                  |              |                                |              |       |
|--------------------------|----------------------------------|--------------|--------------------------------|--------------|-------|
| Street Address/P.O. Box: | 234 EAST 70 <sup>th</sup> ST. #1 |              |                                |              |       |
| City:                    | NEW YORK                         | State:       | NY                             | Zip Code:    | 10021 |
| Web site Address:        | Fax Number (include area code):  | 646-219-0529 | Telephone (include area code): | 646-627-4628 |       |

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): |           |  |



RCW1534853631

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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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>NON-RESIDENTIAL BUILDING CONSTRUCTION |   | NAICS Code for the Industry Category<br>2362  |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| [Redacted]   |   |   |
| b. Industry Category Title:<br>RESIDENTIAL BUILDING CONSTRUCTION     |   | NAICS Code for the Industry Category<br>23611 |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| [Redacted]   |   |   |
| c. Industry Category Title:<br>TRAVELER ACCOMMODATION                |   | NAICS Code for the Industry Category<br>7211  |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| [Redacted]   |   |   |

- 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:<br>N/A  |   | Industry Category Title:<br>(b)(4) |           |
| Address (Street Number and Name):   | City:                                       | State:                             | Zip Code: |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:         |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes |   |                                    |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:<br>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.)

| 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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>DAVID FLUSBERG | <b>Date (mm/dd/yyyy)</b><br>12/01/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>646-627-4628  | <b>E-Mail Address</b><br>david@david-flusberg.com  |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Lau | First<br>Christina | Middle |
|-------------------|--------------------|--------|

In Care Of:

Street Address/P.O. Box: 177 Bovet Road, Suite 600

|                        |           |                 |
|------------------------|-----------|-----------------|
| City: San Mateo (b)(6) | State: CA | Zip Code: 94402 |
|------------------------|-----------|-----------------|

|                                |   |   |
|--------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): (650) 369-8522 | Telephone Number<br>(include area code): (650) 364-3108 |
|--------------------------------|---|---|

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 (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:** California Wineries & Vineyards LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: c/o Christina C. Lau; 177 Bovet Road, Suite 600 |   |  |
| City: San Mateo  | State: CA   | Zip Code: 94402                                  |
| Web site<br>Address: www.2nei.com/eb5                                    | Fax Number<br>(include area code): (650) 369-8522 | Telephone<br>(include area code): (650) 364-3108 |

**B. Name of Managing Company/Agency:** Natural Econometric LLC

|  |   |  |
|--|---|--|
| Street Address/P.O. Box: 177 Bovet Road, Suite 600 |   |  |
| City: San Mateo                                    | State: CA   | Zip Code: 94402                                  |
| Web site<br>Address:                               | Fax Number<br>(include area code): (650) 369-8522 | Telephone<br>(include area code): (650) 364-3108 |

**C. Name of Other Agent:**

|                          |                   |                             |
|--------------------------|-------------------|-----------------------------|
| Street Address/P.O. Box: |                   |                             |
| City:                    | State:            | Zip Code:                   |
| Web site<br>Address:     | Fax Number<br>(i) | Telephone<br>(e area code): |



**RCW1535853925**

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**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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:         |           |

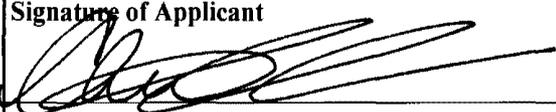
|                                    |   |                            |           |
|------------------------------------|---|----------------------------|-----------|
| e. Name of Commercial Enterprise:  |   | Industry Category Title:   |           |
| Address Street Number and Name:    | City:                                       | 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?  No  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.

|  |  |  |
|--|--|--|
| <b>Signature of Applicant</b><br>    | <b>Printed Name of Applicant</b><br>Christina C. Lau | <b>Date (mm/dd/yyyy)</b><br>12/22/2015 |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i><br>650-364-3108   | <b>E-Mail Address</b><br>eb5info@2nei.com            |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|  |  |                          |
|--|--|--------------------------|
| <b>Signature of Preparer</b>                               | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                               |  |                          |
| <b>Daytime Phone Number</b><br><i>(Area/Country Codes)</i> | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |



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<br>Lee | First<br>Wun-Young (Daniel) | Middle |
|-------------------|-----------------------------|--------|

In Care Of: CIG Regional Center, LLC

Street Address/P.O. Box: 660 S. Figueroa Street, Ste 2300

|                   |           |                 |
|-------------------|-----------|-----------------|
| City: Los Angeles | State: CA | Zip Code: 90017 |
|-------------------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): 2134521587 | Telephone Number (include area code): 2134521586 |
|-----------------------------|--|--|

Web site address: www.cigeb5.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1221250718

**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: CIG Regional Center, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 660 S. Figueroa Street, Ste 2300 |  |   |
| City: Los Angeles   | State: CA                                  | Zip Code: 90017                           |
| Web site Address: www.cigeb5.com                          | Fax Number (include area code): 2134521587 | Telephone (include area code): 2134521586 |

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): |



(b)(4)

**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:<br>Residential Building Construction     |   | NAICS Code for the Industry Category<br>2 3 6 1 |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|  |   |   |
| b. Industry Category Title:<br>Non-Residential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:                                   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |
|  |   |   |
| c. Industry Category Title:<br>Lessors of Real Estate                |   | NAICS Code for the Industry Category<br>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:<br>N/A   |   | Industry Category Title:<br>(b)(4)                                  |           |
| Address (Street Number and Name):  | City:                                       | State:<br><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:<br><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:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|  |   |                                    |           |
|--|---|------------------------------------|-----------|
| b. Name of Commercial Enterprise:<br>N/A |   | Industry Category Title:           |           |
| Address (Street Number and Name):        | City:                                       | State:<br><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:<br><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:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:                   |           |

|  |   |                                    |           |
|--|---|------------------------------------|-----------|
| c. Name of Commercial Enterprise:<br>N/A |   | Industry Category Title:           |           |
| Address (Street Number and Name):        | City:                                       | State:<br><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:<br><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:<br><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:<br>N/A   |   | Industry Category Title:           |           |
| Address (Street Number and Name):  | City:                                       | State:<br><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 |   |                                    |           |
| If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.                                  |   |                                    |           |
| (1) Business Name:   |   | Industry Category Title:           |           |
| Address (Street Number and Name):  | City:                                       | State:<br><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:<br><input type="checkbox"/> | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:                   |           |
| e. Name of Commercial Enterprise:<br>N/A   |   | Industry Category Title:           |           |
| Address Street Number and Name:  | City:                                       | State:<br><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:<br>▼              | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | 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.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br>      | <b>Printed Name of Applicant</b><br>Wun-Young (Daniel) Lee | <b>Date (mm/dd/yyyy)</b><br>12/21/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>2134521586   | <b>E-Mail Address</b><br>daniel@co-invest.com              |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>President, CEO 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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

REC'D CSC 15DEC28 22:34  
5233

**Part 1. Information About Principal of the Regional Center**

|                  |                 |        |
|------------------|-----------------|--------|
| Name: Last<br>SY | First<br>Ka Lam | Middle |
|------------------|-----------------|--------|

In Care Of: Charter Square Regional Center, LLC

Street Address/P.O. Box: 20682 Carrey Road

|                        |           |                 |
|------------------------|-----------|-----------------|
| City: Walnut<br>(b)(6) | State: CA | Zip Code: 91789 |
|------------------------|-----------|-----------------|

|                                |  |   |
|--------------------------------|--|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): N/A | Telephone Number<br>(include area code): (909) 802-5473 |
|--------------------------------|--|---|

Web site address: N/A

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1217250692/ ID1217250692

**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: Charter Square Regional Center, LLC

Street Address/P.O. Box: 20682 Carrey Road

|              |           |                 |
|--------------|-----------|-----------------|
| City: Walnut | State: CA | Zip Code: 91789 |
|--------------|-----------|-----------------|

|                          |  |  |
|--------------------------|--|--|
| Web site N/A<br>Address: | Fax Number<br>(include area code): N/A | Telephone<br>(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<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent: N/A

Street Address/P.O. Box:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|          |                                    |                                   |
|----------|------------------------------------|-----------------------------------|
| Web site | Fax Number<br>(include area code): | Telephone<br>(include area code): |
|----------|------------------------------------|-----------------------------------|



RCW1536454039

**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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        |  |                           |

- 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:<br>Nonresidential Building Construction |   | NAICS Code for the Industry Category<br>2 3 6 2   |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
| [Redacted]  |   |   |
| b. Industry Category Title:<br>Retail Trade                         |   | NAICS Code for the Industry Category<br>4 4 - 4 5 |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
| [Redacted]  |   |   |
| c. Industry Category Title:<br>Continue on page 8                   |   | NAICS Code for the Industry Category<br>(b)(4)    |
| Aggregate EB-5 Capital Investment:                                  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                        |
| [Redacted]  |   |   |

- 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:<br>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:<br>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:<br>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:<br>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:<br>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.)

| Form I-526 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| (b)(4)                                 |        |         |

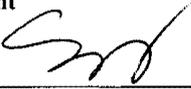
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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**.

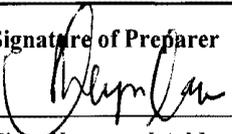
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Ka Lam Sy   | <b>Date (mm/dd/yyyy)</b><br>12/24/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(909) 802-5473  | <b>E-Mail Address</b><br><div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |   |
|---|--|---|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Helyn Lau             | <b>Date (mm/dd/yyyy)</b><br>12/24/2015                |
| <b>Firm Name and Address</b><br>Global Law Group<br>909 El Centro Street, Suite 1<br>South Pasadena, CA 91030       |  |   |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(213) 830-9933   | <b>Fax Number (Area/Country Codes)</b><br>(213) 830-9930 | <b>E-Mail Address</b><br>helyn.lau@globallawgroup.net |

Charter Square Regional Center, LLC

ATTACHMENT TO I-924A, PART 3, ITEM 2

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:<br>Food Services and Drinking Places |   | (b)(4) | NAICS Code for the Industry Category<br><u>7 2 2</u>     |
| Aggregate EB-5 Capital Investment                                | Aggregate Direct and Indirect Job Creation: |        | Aggregate Jobs Maintained:                               |
| [Redacted]   |   |        |  |
| d. Industry Category Title:<br>Finance and Insurance             |   |        | NAICS Code for the Industry Category<br><u>5 2</u>       |
| Aggregate EB-5 Capital Investment                                | Aggregate Direct and Indirect Job Creation: |        | Aggregate Jobs Maintained:                               |
| [Redacted]   |   |        |  |
| e. Industry Category Title:<br>Other Gambling Industries         |   |        | NAICS Code for the Industry Category<br><u>7 1 3 2 9</u> |
| Aggregate EB-5 Capital Investment                                | Aggregate Direct and Indirect Job Creation: |        | Aggregate Jobs Maintained:                               |
| [Redacted]   |   |        |  |
| f. Industry Category Title:<br>Health Care and Social Assistance |   |        | NAICS Code for the Industry Category<br><u>6 2 1</u>     |
| Aggregate EB-5 Capital Investment                                | Aggregate Direct and Indirect Job Creation: |        | Aggregate Jobs Maintained:                               |
| [Redacted]   |   |        |  |
| g. Industry Category Title:<br>Other Services                    |   |        | NAICS Code for the Industry Category<br><u>8 1</u>       |
| Aggregate EB-5 Capital Investment                                | Aggregate Direct and Indirect Job Creation: |        | Aggregate Jobs Maintained:                               |
| [Redacted]   |   |        |  |

(b)(4)

Charter Square Regional Center, LLC

ATTACHMENT TO I-924A, PART 3

**Part 3. Information About the Regional Center** *(Continued)*

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Charter Square Regional Center, LLC was designated as a regional center under the Immigrant Investor Program in an approval letter issued by USCIS on February 27, 2014. See **Exhibit 3** for a copy of the regional center's approval letter.

Kindly note that Charter Square Regional Center has notified USCIS on December 15, 2015 via email at [USCIS.Immigrantinvestorprogram@uscis.dhs.gov](mailto:USCIS.Immigrantinvestorprogram@uscis.dhs.gov) the change of contact information due to a recent transfer of interest from LLC member to LA 8 Consulting Inc. After the transfer of interest, LA 8 Consulting Inc. is the sole LLC member of Charter Square Regional Center.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-924A,  
Supplement to Form I-924**

RCW1536354020 9326

**Part 1. Information About Principal of the Regional Center**

Name: Last HEISE First Allen Middle William

In Care Of: CHARLOTTE HARBOR REGIONAL CENTER

Street Address/P.O. Box: 1990 MAIN ST. - SUITE 750

City: SARASOTA (b)(6) State: FL Zip Code: 34236

Date of Birth (mm/dd/yyyy):  Fax Number (include area code): 866-274-7644 Telephone Number (include area code): 941-309-5142

Web site address: CHARLOTTE HARBOR REGIONAL CENTER.COM

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) See ATTACHMENT - Section 2

**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: CHARLOTTE HARBOR REGIONAL CENTER

Street Address/P.O. Box: 1990 MAIN ST - SUITE 750

City: SARASOTA State: FL Zip Code: 34236

Web site Address: CHARLOTTE HARBOR REGIONAL CENTER.COM Fax Number (include area code): 866-274-7644 Telephone (include area code): 941-309-3142

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: NONE

Street Address/P.O. Box:

City: State: Zip Code:

Web site: Fax Number (include area code): Telephone (include area code):



RCW1536354020

**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 Section 3 - "CONTINUATION SHEET" for information |  |                           |

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 |
| See Section 3 - "CONTINUATION SHEET" for information |   | _____                                |
| 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:                             |           |
| See Section 3 - "CONTINUATION SHEET" for information   |   | See Section 3 - "CONTINUATION SHEET" for information |           |
| Address (Street Number and Name):  | City:                                       | State:   | Zip Code: |
|  |   |  |           |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                           |           |
|  |   |  |           |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? |   |  |           |
| <input type="checkbox"/> No <input type="checkbox"/> Yes   |   |  |           |

**Part 3. Information About the Regional Center (Continued)**

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (1) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business 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)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>c. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(2) Business Name:</b>         |                                   | Industry Category Title: |           |
| Address (Street Number and 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 |
| <i>See Section 3 - "Continuation Sheet" for information</i> |        |         |

5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| Form I-829 Petition Final Case Actions |        |         |
|--|--------|---------|
| Approved                               | Denied | Revoked |
| 0                                      | 0      | 0       |

**NOTE:** USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

**Part 4. Applicant Signature** Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete **Part 5**.

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br><i>Allen W. Heise</i>  | <b>Printed Name of Applicant</b><br>Allen W. Heise   | <b>Date (mm/dd/yyyy)</b><br>12-23-2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>941-309-5142   | <b>E-Mail Address</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | (b)(6)                                 |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br><i>President</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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>Healy   | First<br>Daniel                                   | Middle<br>Joseph  |
| In Care Of:   |   |   |
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200   |   |   |
| City: Dallas  | (b)(6)  | State: TX   |
|   |   | Zip Code: 75201   |
| Date of Birth<br>(mm/dd/yyyy)   | Fax Number<br>(include area code): (214) 572-2398 | Telephone Number<br>(include area code): (214) 572-2300 |
| Web site address: www.civitascapital.com  |   |   |
| USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1031910157 |   |   |

**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 Dallas Regional Center

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com                         | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |
| Address:  |  |   |

B. Name of Managing Company/Agency: Civitas Capital Management, LLC

|   |  |   |
|---|--|---|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |
| Web site www.civitascapital.com                         | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |
| Address:  |  |   |

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): |
|                          |                                 |                                |



RCW1535053674

FORM I-924A (03-18-15) 15-00000-0000

**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>(b)(4)</b> Aggregate EB-5 Capital Investment | Aggregate Direct and Indirect Job Creation | Aggregate Jobs Maintained |
| [Redacted]                                      |  |                           |

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>(b)(4)</b> a. Industry Category Title:<br>Construction          | NAICS Code for the Industry Category<br>2 3 6 2 |
| Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation:     |
| [Redacted]   |   |
| <b>(b)(4)</b> b. Industry Category Title:<br>Traveler Accomodation | NAICS Code for the Industry Category<br>7 2 2 1 |
| Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation:     |
| [Redacted]   |   |
| <b>(b)(4)</b> c. Industry Category Title:                          | NAICS Code for the Industry Category<br>_ _ _ _ |
| Aggregate EB-5 Capital Investment:                                 | Aggregate Direct and Indirect Job Creation:     |
| [Redacted]   |   |

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:<br>Please see attached Exhibit 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?  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)                                 |        |         |

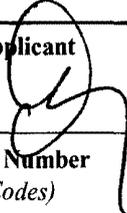
5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (Note: If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

| 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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>12/07/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

**City of Dallas Regional Center**  
**Form I-924A, Supplement for the Fiscal Year Ending September 30, 2015**  
**Exhibit A**

|   |  |   |                            |
|---|--|---|----------------------------|
| <b>a. Name of Commercial Enterprise:</b><br>Civitas Lamar Hotel Fund, LP  |  | <b>Industry Category Title:</b><br>N/A                    |                            |
| <b>Address (Street Number and Name):</b><br>1601 Bryan Street, Suite M-200  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                                    | <b>Zip Code::</b><br>75201 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                   |                            |
| [Redacted]  |  |   |                            |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?<br>Yes                             |  |   |                            |
| If yes, then identify the name and address of 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>(1) Business Name:</b><br>1325 South Lamar Hotel, LP   |  | <b>Industry Category Title:</b><br>Traveler Accommodation |                            |
| <b>Address (Street Number and Name):</b><br>1325 South Lamar Street   | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                                    | <b>Zip Code::</b><br>75215 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                                   |                            |
| [Redacted]  |  |   |                            |

(b)(4)

|   |  |   |                            |
|---|--|---|----------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Civitas Stonegate Fund I, LP  |  | <b>Industry Category Title:</b><br>N/A          |                            |
| <b>Address (Street Number and Name):</b><br>1601 Bryan Street, Suite M-200  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code::</b><br>75201 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                            |
| [Redacted]  |  |   |                            |
| Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?<br>Yes                             |  |   |                            |
| If yes, then identify the name and address of 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>(1) Business Name:</b><br>1325 South Lamar Hotel, LP   |  | <b>Industry Category Title:</b><br>Construction |                            |
| <b>Address (Street Number and Name):</b><br>1325 South Lamar Street   | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code::</b><br>75215 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                            |
| [Redacted]  |  |   |                            |

(b)(4)

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>Civitas West Village Fund, LP  |  | <b>Industry Category Title:</b><br>N/A          |                           |
| <b>Address (Street Number and Name):</b><br>1601 Bryan Street, Suite M-200   | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |
| [REDACTED]   |  |   |                           |
| <b>Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?</b><br>Yes                             |  |   |                           |
| <b>If yes, then identify the name and address of 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> |  |   |                           |
| <b>(1) Business Name:</b><br>Forest City West Village, LLC   |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>1800 Main Street, Suite 250  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |
| [REDACTED]   |  |   |                           |

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>Civitas Skyline Fund, LP   |  | <b>Industry Category Title:</b><br>N/A          |                           |
| <b>Address (Street Number and Name):</b><br>1601 Bryan Street, Suite M-200   | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |
| [REDACTED]   |  |   |                           |
| <b>Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?</b><br>Yes                             |  |   |                           |
| <b>If yes, then identify the name and address of 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> |  |   |                           |
| <b>(1) Business Name:</b><br>ASA Apartments, LP  |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>3819 Maple Ave   | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75219 |
| <b>EB-5 Capital Investment:</b>  | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |
| [REDACTED]   |  |   |                           |

(b)(4)

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>e. Name of Commercial Enterprise:</b><br>Civitas Arts Center Fund, LP  |  | <b>Industry Category Title:</b><br>N/A          |                           |
| <b>Address (Street Number and Name):</b><br>1601 Bryan Street, Suite M-200  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> (b)(4)                  |                           |
| <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?</p> <p>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> |  |   |                           |
| <b>(1) Business Name:</b><br>Hall Financial Group   |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>2323 Ross Ave   | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> (b)(4)                  |                           |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>f. Name of Commercial Enterprise:</b><br>Civitas Spectrum Fund, LP   |  | <b>Industry Category Title:</b><br>N/A          |                           |
| <b>Address (Street Number and Name):</b><br>1601 Bryan Street, Suite M-200  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> (b)(4)                  |                           |
| <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?</p> <p>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> |  |   |                           |
| <b>(1) Business Name:</b><br>Wood Maple Station, LLC  |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>5440 Harvest Hill Rd  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75230 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> (b)(4)                  |                           |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>g. Name of Commercial Enterprise:</b><br>Civitas Strand Fund, LP   |  | <b>Industry Category Title:</b><br>N/A          |                           |
| <b>Address (Street Number and Name):</b><br>1601 Bryan Street, Suite M-200  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> (b)(4)                  |                           |
| <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?</p> <p>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> |  |   |                           |
| <b>(1) Business Name:</b><br>Wood Maple Station, LLC  |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>5440 Harvest Hill Rd  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75230 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> (b)(4)                  |                           |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>h. Name of Commercial Enterprise:</b><br>Civitas EB-5 Fund 21, LP  |  | <b>Industry Category Title:</b><br>N/A          |                           |
| <b>Address (Street Number and Name):</b><br>1601 Bryan Street, Suite M-200  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> (b)(4)                  |                           |
| <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?</p> <p>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> |  |   |                           |
| <b>(1) Business Name:</b><br>Wood Maple Station, LLC  |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>5440 Harvest Hill Rd  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75230 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b> (b)(4)                  |                           |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>i. Name of Commercial Enterprise:</b><br>Civitas M&M Mezzanine Fund, LP  |  | <b>Industry Category Title:</b><br>N/A          |                           |
| <b>Address (Street Number and Name):</b><br>1601 Bryan Street, Suite M-200  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75201 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>(b)(4)               |                           |
| <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?</p> <p>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> |  |   |                           |
| <b>(1) Business Name:</b><br>Wood Maple Station, LLC  |  | <b>Industry Category Title:</b><br>Construction |                           |
| <b>Address (Street Number and Name):</b><br>5440 Harvest Hill Rd  | <b>City:</b><br>Dallas                   | <b>State:</b><br>Texas                          | <b>Zip Code:</b><br>75230 |
| <b>EB-5 Capital Investment:</b>   | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b><br>(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<br>Healy | First<br>Daniel | Middle<br>Joseph |
|---------------------|-----------------|------------------|

In Care Of:

Street Address/P.O. Box: 1601 Bryan Street, Suite M-200

|              |        |           |                 |
|--------------|--------|-----------|-----------------|
| City: Dallas | (b)(6) | State: TX | Zip Code: 75201 |
|--------------|--------|-----------|-----------------|

|                             |  |  |
|-----------------------------|--|--|
| Date of Birth (mm/dd/yyyy): | Fax Number (include area code): (214) 572-2398 | Telephone Number (include area code): (214) 572-2300 |
|-----------------------------|--|--|

Web site address: www.civitascapital.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) ID1428051906

**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: Civitas Great Plains Regional Center

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |  |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |  |
| Web site Address: www.civitascapital.com                | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |  |

B. Name of Managing Company/Agency: Civitas Management Services, LLC

|   |  |   |  |
|---|--|---|--|
| Street Address/P.O. Box: 1601 Bryan Street, Suite M-200 |  |   |  |
| City: Dallas  | State: TX                                      | Zip Code: 75201                               |  |
| Web site Address: www.civitascapital.com                | Fax Number (include area code): (214) 572-2398 | Telephone (include area code): (214) 572-2300 |  |

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.

(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?  No  Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

|                                   |                                  |                          |          |
|-----------------------------------|----------------------------------|--------------------------|----------|
| (1) Business Name:                |                                  | Industry Category Title: |          |
| Address (Street Number and 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<br>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business. |   |                            |           |
| (1) Business Name:   |   | Industry Category Title:   |           |
| Address (Street Number and Name):  | City:                                       | State:                     | Zip Code: |
| EB-5 Capital Investment:   | Direct and Indirect Job Creation:           | Jobs Maintained:           |           |
| (2) Business 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 |
| [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.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br>   | <b>Printed Name of Applicant</b><br>Daniel J. Healy   | <b>Date (mm/dd/yyyy)</b><br>11/23/2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(214) 572-2300  | <b>E-Mail Address</b><br>dan.healy@civitascapital.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |                          |
|---|--|--------------------------|
| <b>Signature of Preparer</b>                        | <b>Printed Name of Preparer</b>        | <b>Date (mm/dd/yyyy)</b> |
| <b>Firm Name and Address</b>                        |  |                          |
| <b>Daytime Phone Number</b><br>(Area/Country Codes) | <b>Fax Number (Area/Country Codes)</b> | <b>E-Mail Address</b>    |

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<br>XU | First<br>George | Middle |
|------------------|-----------------|--------|

In Care Of: Mona Shah and Associates, PLLC

Street Address/P.O. Box: 299 Broadway, Suite 1005

|                |        |           |                 |
|----------------|--------|-----------|-----------------|
| City: New York | (b)(6) | State: NY | Zip Code: 10007 |
|----------------|--------|-----------|-----------------|

|                            |  |  |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Fax Number (include area code): (212) 233-4877 | Telephone Number (include area code): (212) 233-7473 |
|----------------------------|--|--|

Web site address: www.centurygroupdevelopment.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1420251818

**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: Century New York City Regional Center

Street Address/P.O. Box: 35-06 Leavitt St, Suite CF-A

|                   |  |   |
|-------------------|--|---|
| City: Flushing    | State: NY                                      | Zip Code: 11354                               |
| Web site Address: | Fax Number (include area code): (212) 233-4877 | Telephone (include area code): (212) 233-7473 |

B. Name of Managing Company/Agency: N/A

Street Address/P.O. Box: N/A

|                   |                                 |                                |
|-------------------|---------------------------------|--------------------------------|
| City: N/A         | State: NY                       | Zip Code: N/A                  |
| Web site Address: | Fax Number (include area code): | Telephone (include area code): |

C. Name of Other Agent: Mona Shah & Associates, PLLC

Street Address/P.O. Box: 299 Broadway, Suite 1005

|                                    |                           |   |
|------------------------------------|---------------------------|---|
| City: New York                     | State: NY                 | Zip Code: 10007                               |
| Web site Address: www.mshahlaw.com | Fax Number (212) 233-4877 | Telephone (212) 233-7473 (include area code): |



**RCW1536353981**

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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 |
|-----------------------------------|--|---------------------------|
| [Redacted]                        | (b)(4)                                     | 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:<br>Construction      |   | NAICS Code for the Industry Category<br>2 3 6 2 2 3 |  |
| Aggregate EB-5 Capital Investment:<br>[Redacted] | Aggregate Direct and Indirect Job Creation:<br>(b)(4) | Aggregate Jobs Maintained:<br>N/A                   |  |
| b. Industry Category Title:<br>Wholesale Trade   |   | NAICS Code for the Industry Category<br>4 2 4 2 3 2 |  |
| Aggregate EB-5 Capital Investment:<br>[Redacted] | Aggregate Direct and Indirect Job Creation:<br>(b)(4) | Aggregate Jobs Maintained:<br>N/A                   |  |
| c. Industry Category Title:<br>Hotel and Motel   |   | NAICS Code for the Industry Category<br>7 2 2 5 1   |  |
| Aggregate EB-5 Capital Investment:<br>[Redacted] | Aggregate Direct and Indirect Job Creation:<br>(b)(4) | Aggregate Jobs Maintained:<br>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:<br>Farrington Realty Capital, LLC  |   | Industry Category Title:<br>Hotel |                    |
| Address (Street Number and Name):<br>35-06 Leavitt St, Suit CF-A   | City:<br>Flushing                                     | State:<br>NY                      | Zip Code:<br>11354 |
| Aggregate EB-5 Capital Investment:<br>[Redacted]   | Aggregate Direct and Indirect Job Creation:<br>(b)(4) | Aggregate Jobs Maintained:<br>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.

|   |   |   |                         |
|---|---|---|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |   | <b>Industry Category Title:</b><br>N/A    |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                             | <b>State:</b><br>NY                       | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment:</b><br>N/A          | <b>Direct and Indirect Job Creation:</b><br>N/A | <b>Jobs Maintained:</b><br>N/A            |                         |
| <b>(2) Business Name</b>                        |   | <b>Industry Category Title:</b>           |                         |
| <b>Address (Street Number and Name):</b>        | <b>City:</b>                                    | <b>State:</b><br><input type="checkbox"/> | <b>Zip Code:</b>        |
| <b>EB-5 Capital Investment:</b>                 | <b>Direct and Indirect Job Creation:</b>        | <b>Jobs Maintained:</b>                   |                         |

|  |   |  |                         |
|--|---|--|-------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>N/A  |   | <b>Industry Category Title:</b><br>N/A   |                         |
| <b>Address (Street Number and Name):</b><br>N/A  | <b>City:</b><br>N/A                                       | <b>State:</b><br>NY                      | <b>Zip Code:</b><br>N/A |
| <b>Aggregate EB-5 Capital Investment:</b><br>N/A | <b>Aggregate Direct and Indirect Job Creation:</b><br>N/A | <b>Aggregate Jobs Maintained:</b><br>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.

|   |  |  |                         |
|---|--|--|-------------------------|
| <b>(1) Business Name:</b><br>N/A                |  | <b>Industry Category Title:</b><br>N/A |                         |
| <b>Address (Street Number and Name):</b><br>N/A | <b>City:</b><br>N/A                            | <b>State:</b><br>NY                    | <b>Zip Code:</b><br>N/A |
| <b>EB-5 Capital Investment</b><br>N/A           | <b>Direct and Indirect Job Creation</b><br>N/A | <b>Jobs Maintained</b><br>N/A          |                         |

**Part 3. Information About the Regional Center (Continued)**

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|   |  |                                   |                  |
|---|--|-----------------------------------|------------------|
| c. Name of Commercial Enterprise:<br>N/A  |  | Industry Category Title:<br>N/A   |                  |
| Address (Street Number and Name):<br>N/A  | City:<br>N/A                                       | State:<br>NY                      | Zip Code:<br>N/A |
| Aggregate EB-5 Capital Investment:<br>N/A | Aggregate Direct and Indirect Job Creation:<br>N/A | Aggregate Jobs Maintained:<br>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:<br>N/A                |  | Industry Category Title:<br>N/A |                  |
| Address (Street Number and Name):<br>N/A | City:<br>N/A                             | State:<br>NY                    | Zip Code:<br>N/A |
| EB-5 Capital Investment:<br>N/A          | Direct and Indirect Job Creation:<br>N/A | Jobs Maintained:<br>N/A         |                  |

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | 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:<br><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:<br><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:<br><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:<br><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:<br>▼              | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |
| (2) Business Name:                |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:<br>▼              | 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.)

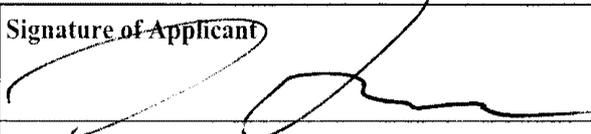
(b)(4)

| 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.

|   |   |  |
|---|---|--|
| <b>Signature of Applicant</b><br>        | <b>Printed Name of Applicant</b><br>George Xu     | <b>Date (mm/dd/yyyy)</b><br>12-10-2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(718) 939-1060   | <b>E-Mail Address</b><br>centurygroup88@yahoo.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Owner of the 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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Omar Hakim, Esq.      | <b>Date (mm/dd/yyyy)</b><br>12-22-2015     |
| <b>Firm Name and Address</b><br>Mona Shah & Associates, PLLC, 299 Broadway, Suite 1005, New York, 10007             |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(212) 233-7473   | <b>Fax Number (Area/Country Codes)</b><br>(212) 233-4877 | <b>E-Mail Address</b><br>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<br>Hobbs | First<br>Roger | Middle |
|---------------------|----------------|--------|

In Care Of: Century American Regional Center LLC

Street Address/P.O. Box: 1110 East Chapman Avenue, Suite 206

|              |           |                 |
|--------------|-----------|-----------------|
| City: Orange | State: CA | Zip Code: 92866 |
|--------------|-----------|-----------------|

|                                |                                    |   |
|--------------------------------|------------------------------------|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): | Telephone Number<br>(include area code): (714) 633-8100 |
|--------------------------------|------------------------------------|---|

Web site address: www.centuryamericanrc.com

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice) RCW1031910058

**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: Century American Regional Center

Street Address/P.O. Box: 1110 East Chapman Avenue, Suite 206

|              |           |                 |
|--------------|-----------|-----------------|
| City: Orange | State: CA | Zip Code: 92866 |
|--------------|-----------|-----------------|

|  |                                    |  |
|--|------------------------------------|--|
| Web site<br>Address: www.centuryamericanrc.com | Fax Number<br>(include area code): | Telephone<br>(include area code): (714) 633-8100 |
|--|------------------------------------|--|

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |
|----------------------|------------------------------------|-----------------------------------|

C. Name of Other Agent:

Street Address/P.O. Box:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|                      |                                    |                                   |
|----------------------|------------------------------------|-----------------------------------|
| Web site<br>Address: | Fax Number<br>(include area code): | Telephone<br>(include area code): |
|----------------------|------------------------------------|-----------------------------------|



**RCW1536353970**

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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>a. Industry Category Title:</b><br>See attached for complete list of Industry Categories |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| <b>b. Industry Category Title:</b>  |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:  | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
| <b>c. Industry Category Title:</b>  |   | NAICS Code for the Industry Category<br>_____ |
| 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>a. Name of Commercial Enterprise:</b><br>EB5 FBI, LLC   |   | <b>Industry Category Title:</b><br>See attached |                           |
| <b>Address (Street Number and Name):</b><br>100 City Parkway, Ste 1700   | <b>City:</b><br>Las Vegas                   | <b>State:</b><br>NV                             | <b>Zip Code:</b><br>89106 |
| Aggregate EB-5 Capital Investment:   | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                      |                           |
|  |   |   |                           |
| Does this EB-5 commercial enterprise serve as a 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.

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>(1) Business Name:</b><br>PH FBI SD, LLC                           |  | <b>Industry Category Title:</b><br>See attached |                           |
| <b>Address (Street Number and Name):</b><br>10385 Vista Sorrento Pkwy | <b>City:</b><br>San Diego                          | <b>State:</b><br>CA                             | <b>Zip Code:</b><br>92121 |
| <b>EB-5 Capital Investment:</b><br>(b)(4)                             | <b>Direct and Indirect Job Creation:</b><br>(b)(4) | <b>Jobs Maintained:</b><br>N/A                  |                           |
| <b>(2) Business Name</b>  |  | <b>Industry Category Title:</b>                 |                           |
| <b>Address (Street Number and Name):</b>                              | <b>City:</b>                                       | <b>State:</b>                                   | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                       | <b>Direct and Indirect Job Creation:</b>           | <b>Jobs Maintained:</b>                         |                           |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>b. Name of Commercial Enterprise:</b><br>Wilshire Line Fund, LLC     |  | <b>Industry Category Title:</b><br>See attached |                           |
| <b>Address (Street Number and Name):</b><br>3550 Wilshire Blvd Ste 1435 | <b>City:</b><br>Los Angeles                                  | <b>State:</b><br>CA                             | <b>Zip Code:</b><br>90010 |
| <b>Aggregate EB-5 Capital Investment:</b><br>(b)(4)                     | <b>Aggregate Direct and Indirect Job Creation:</b><br>(b)(4) | <b>Aggregate Jobs Maintained:</b><br>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.

|  |   |   |                           |
|--|---|---|---------------------------|
| <b>(1) Business Name:</b><br>RECP Sydell Wilshire LLC          |   | <b>Industry Category Title:</b><br>see attached |                           |
| <b>Address (Street Number and Name):</b><br>3515 Wilshire Blvd | <b>City:</b><br>Los Angeles                       | <b>State:</b><br>CA                             | <b>Zip Code:</b><br>90010 |
| <b>EB-5 Capital Investment</b><br>(b)(4)                       | <b>Direct and Indirect Job Creation</b><br>(b)(4) | <b>Jobs Maintained</b><br>N/A                   |                           |

**Part 3. Information About the Regional Center (Continued)**

|  |  |   |                  |
|--|--|---|------------------|
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b><br>See attached |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br>CA                             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                  |

|   |  |   |                           |
|---|--|---|---------------------------|
| <b>c. Name of Commercial Enterprise:</b><br>CR Fifth & Nutmeg Associates, LLC |  | <b>Industry Category Title:</b><br>see attached |                           |
| <b>Address (Street Number and Name):</b><br>444 W Beech St                    | <b>City:</b><br>San Diego                          | <b>State:</b><br>CA                             | <b>Zip Code:</b><br>92101 |
| <b>Aggregate EB-5 Capital Investment:</b>                                     | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>               |                           |

(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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>ColRich California LLC        |  | <b>Industry Category Title:</b><br>See attached |                           |
| <b>Address (Street Number and Name):</b><br>444 W Beech St | <b>City:</b><br>San Diego                | <b>State:</b><br>CA                             | <b>Zip Code:</b><br>92101 |
| <b>EB-5 Capital Investment:</b>                            | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |

(b)(4)

|  |  |   |                  |
|--|--|---|------------------|
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b><br>see attached |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br>CA                             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                  |

**Part 3. Information About the Regional Center (Continued)**

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>d. Name of Commercial Enterprise:</b><br>1560 E Warner Avenue Limited Partnership |  | <b>Industry Category Title:</b><br>see attached |                           |
| <b>Address (Street Number and Name):</b><br>1560 Brookhollow Dr                      | <b>City:</b><br>Santa Ana                          | <b>State:</b><br>CA                             | <b>Zip Code:</b><br>92705 |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>               |                           |
|  |  |   |                           |

(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.

|  |  |                                 |                  |
|--|--|---------------------------------|------------------|
| <b>(1) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br>CA             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |
| <b>(2) Business Name:</b>                |  | <b>Industry Category Title:</b> |                  |
| <b>Address (Street Number and Name):</b> | <b>City:</b>                             | <b>State:</b><br>CA             | <b>Zip Code:</b> |
| <b>EB-5 Capital Investment:</b>          | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>         |                  |

|  |  |   |   |
|--|--|---|---|
| <b>e. Name of Commercial Enterprise:</b><br>Glendale EB5 Fund LLC  |  | <b>Industry Category Title:</b><br>see attached |   |
| <b>Address Street Number and Name:</b><br>100 North City Pkwy Ste 1700   | <b>City:</b><br>Las Vegas                          | <b>State:</b><br>NV                             | <b>Zip Code:</b><br>89106   |
| <b>Aggregate EB-5 Capital Investment:</b>  | <b>Aggregate Direct and Indirect Job Creation:</b> | <b>Aggregate Jobs Maintained:</b>               |   |
|  |  |   |   |
| Does this EB-5 commercial enterprise serve as a 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.

|  |  |   |                           |
|--|--|---|---------------------------|
| <b>(1) Business Name:</b><br>PH Glendale, LLC                  |  | <b>Industry Category Title:</b><br>see attached |                           |
| <b>Address (Street Number and Name):</b><br>125 N. Central Ave | <b>City:</b><br>Glendale                 | <b>State:</b><br>CA                             | <b>Zip Code:</b><br>92103 |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |
| [Redacted]   |  | [Redacted]                                      |                           |
| <b>(2) Business Name:</b>                                      |  | <b>Industry Category Title:</b>                 |                           |
| <b>Address (Street Number and Name):</b>                       | <b>City:</b>                             | <b>State:</b><br>CA                             | <b>Zip Code:</b>          |
| <b>EB-5 Capital Investment:</b>                                | <b>Direct and Indirect Job Creation:</b> | <b>Jobs Maintained:</b>                         |                           |
| [Redacted]   |  | [Redacted]                                      |                           |

(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.)

(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.)

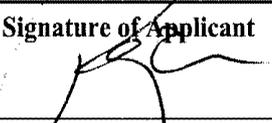
(b)(4)

| 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**.

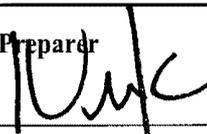
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|  |   |  |
|--|---|--|
| <b>Signature of Applicant</b><br> | <b>Printed Name of Applicant</b><br>Roger Hobbs     | <b>Date (mm/dd/yyyy)</b><br>12-16-2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(714) 633-8100  | <b>E-Mail Address</b><br>info@centuryamericanrc.com |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Nima Korpivaara       | <b>Date (mm/dd/yyyy)</b><br>12/23/15                 |
| <b>Firm Name and Address</b><br>David Hirson & Partners LLP<br>1122 Bristol Street 1st Floor, Costa Mesa CA 92626   |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(949) 383-5358   | <b>Fax Number (Area/Country Codes)</b><br>(949) 383-5368 | <b>E-Mail Address</b><br>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<br>Valla | First<br>Irfan | Middle |
|---------------------|----------------|--------|

In Care Of: Central Texas Properties Regional Center

Street Address/P.O. Box: 100 Villita Center

|                   |        |           |                 |
|-------------------|--------|-----------|-----------------|
| City: San Antonio | (b)(6) | State: TX | Zip Code: 78205 |
|-------------------|--------|-----------|-----------------|

|                                |   |   |
|--------------------------------|---|---|
| Date of Birth<br>(mm/dd/yyyy): | Fax Number<br>(include area code): (210) 226-9453 | Telephone Number<br>(include area code): (210) 225-1234 |
|--------------------------------|---|---|

Web site address:

USCIS-assigned number for the Designated Regional Center (attach the  
Regional Center's most recently issued approval notice) RCW1318951174/ID1318951174

**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 Properties Regional Center

Street Address/P.O. Box: 100 Villita

|                      |   |  |
|----------------------|---|--|
| City: San Antonio    | State: TX   | Zip Code: 78205                                  |
| Web site<br>Address: | Fax Number<br>(include area code): (210) 226-9453 | Telephone<br>(include area code): (210) 225-1234 |

**B. Name of Managing Company/Agency:** J&I Hospitality Management, LLC

Street Address/P.O. Box: 100 Villita

|                      |   |  |
|----------------------|---|--|
| City: San Antonio    | State: TX   | Zip Code: 78205                                  |
| Web site<br>Address: | Fax Number<br>(include area code): (210) 226-9453 | Telephone<br>(include area code): (210) 225-1234 |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|          |                                    |                                   |
|----------|------------------------------------|-----------------------------------|
| City:    | State:                             | Zip Code:                         |
| Web site | Fax Number<br>(include area code): | Telephone<br>(include area code): |



**RCW1600554156**

egarcia2 1924A 12/30/2015

5338 REC'D CIVIL RIGHTS DIVISION

**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>a. Industry Category Title:</b><br>N/A |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|   |   |   |
| <b>b. Industry Category Title:</b>        |   | NAICS Code for the Industry Category<br>_____ |
| Aggregate EB-5 Capital Investment:        | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                    |
|   |   |   |
| <b>c. Industry Category Title:</b>        |   | NAICS Code for the Industry Category<br>_____ |
| 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>a. Name of Commercial Enterprise:</b><br>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.

|                                   |                                   |                          |           |
|-----------------------------------|-----------------------------------|--------------------------|-----------|
| <b>(1) Business Name:</b><br>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>(2) Business Name</b>          |                                   | Industry Category Title: |           |
| Address (Street Number and Name): | City:                             | State:                   | Zip Code: |
| EB-5 Capital Investment:          | Direct and Indirect Job Creation: | Jobs Maintained:         |           |

|  |   |                            |           |
|--|---|----------------------------|-----------|
| <b>b. Name of Commercial Enterprise:</b> |   | Industry Category Title:   |           |
| Address (Street Number and Name):        | City:                                       | State:                     | Zip Code: |
| Aggregate EB-5 Capital Investment:       | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained: |           |

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?  No  Yes

If yes, then identify the name and address of 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>(1) Business Name:</b>         |                                  | Industry Category Title: |          |
| Address (Street Number and 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 |
| [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.)

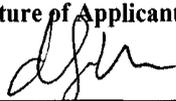
(b)(4)

| 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**.

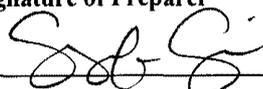
I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

|   |  |  |
|---|--|--|
| <b>Signature of Applicant</b><br>          | <b>Printed Name of Applicant</b><br>Irfan Valla  | <b>Date (mm/dd/yyyy)</b><br>12-29-2015 |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(210) 225-1234   | <b>E-Mail Address</b><br> (b)(6) |  |
| <b>Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)</b><br>Organizational Limited 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

|   |  |  |
|---|--|--|
| <b>Signature of Preparer</b><br> | <b>Printed Name of Preparer</b><br>Sujata Ajmera         | <b>Date (mm/dd/yyyy)</b><br>12/29/2015                 |
| <b>Firm Name and Address</b><br>Strasburger & Price, LLP<br>720 Brazos Street, Suite 700<br>Austin, TX 78701        |  |  |
| <b>Daytime Phone Number</b><br>(Area/Country Codes)<br>(512) 499-3605   | <b>Fax Number (Area/Country Codes)</b><br>(512) 536-5717 | <b>E-Mail Address</b><br>sujata.ajmera@strasburger.com |