

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

|            |       |        |
|------------|-------|--------|
| Name: Last | First | Middle |
|------------|-------|--------|

C/O:

Street Address/P.O. Box:

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

|                             |                                    |                                          |
|-----------------------------|------------------------------------|------------------------------------------|
| Date of Birth (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)

**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, \_\_\_\_ (YYYY)  
and Ending on September 30, \_\_\_\_ (YYYY)

**Part 3. Information About the Regional Center**

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

**A. Name of Regional Center:**

Street Address/P.O. Box:

|                   |                            |                           |
|-------------------|----------------------------|---------------------------|
| City:             | State:                     | Zip Code:                 |
| Web site Address: | Fax Number with area code: | Telephone with area code: |

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

Street Address/P.O. Box:

|                   |                            |                           |
|-------------------|----------------------------|---------------------------|
| City:             | State:                     | Zip Code:                 |
| Web site Address: | Fax Number with area code: | Telephone with area code: |

**C. Name of Other Agent:**

Street Address/P.O. Box:

|                   |                            |                           |
|-------------------|----------------------------|---------------------------|
| City:             | State:                     | Zip Code:                 |
| Web site Address: | Fax Number with area code: | Telephone with 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 |
|-----------------------------------|--------------------------------------------|---------------------------|

2. Identify each industry that has been the focus of EB-5 capital investments sponsored through 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.</b> Industry Category Title: |                                             | NAICS Code for the Industry Category<br><br>_ _ _ _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                            |
| <b>b.</b> Industry Category Title: |                                             | NAICS Code for the Industry Category<br><br>_ _ _ _ _ |
| Aggregate EB-5 Capital Investment: | Aggregate Direct and Indirect Job Creation: | Aggregate Jobs Maintained:                            |
| <b>c.</b> Industry Category Title: |                                             | NAICS Code for the Industry Category<br><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.</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? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span> |                                             |                            |           |

# DRAFT - Not For Production

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

If yes, then identify the name and address of each job creating business, as 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? <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            |           |  |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by 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 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>Applicant's Signature</b>                                                              | <b>Print Name</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</b>                                           | <b>Print Name</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>    |