TABLE OF CHANGES – FORM

Form I-924, Application for Regional Center Under the Immigrant Investor Program OMB Number: 1615-0061 Date: 09/30/2014

Reason for Revision: Revisions to Form I-924 and associated documents are required to enhance adjudications and improve program integrity. The form and instructions have been reformatted and standard language and new signature sections have been incorporated.

Current Section and Page Number	Current Text	Proposed Text
Page 1		To be completed by an attorney or BIA-accredited representative, if any.
	G-28 attached	Select this box if Form G-28 is attached to represent the regional center.
	Attorney's State License No.	Attorney State Bar Number (if applicable)
		Attorney or Accredited Representative USCIS ELIS Account Number (if any)
Page 2, Part 3.		[Page 1]
Information About the Regional Center		START HERE – Type or print in black ink.
	Part 3. Information About the Regional Center	Part 1. Information About the Regional Center
	(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)	[delete]
	A. Name of Regional Center:	1. Name of Regional Center Entity
		2. Are you filing an amendment to a previously approved Form I-924? Y/N
		3.a. Name of Regional Center (if different from regional center entity named above)
		3.b. Regional Center Identification Number
		3.c. Receipt Number of Approved Form I-924, Application for Regional Center Under the Immigrant Investor Program (Complete only if filing an amendment to a previously approved Form I-924.)
		Regional Center Mailing Address 4.a. In Care Of Name

	Street Address/P.O. Box:	4.b. Street Number and Name or PO Box
	Street Address/P.O. Box:	
	Citan	4.c. Apt. Ste. Flr.
	City:	4.d. City or Town
	State:	4.e. State
	Zip Code:	4.f. ZIP Code
	Web site address: Fax Number (include area code): Telephone Number (include area code):	 Regional Center Contact Information 5. Daytime Telephone Number 6. Fax Number 7. Email Address (if any) 8. Web site Address (if any)
D 2 D 12		ID 11
Page 2, Part 3.		[Page 1]
Information About the Regional Center (continued)		Part 2. Information About Managing Company or Agency (if different from regional center entity)
	B. Name of Managing Company/Agency:	1. Name of Managing Company or Agency
	Street Address/P.O. Box: City: State: Zip Code:	Managing Company or Agency Mailing Address 2.a. In Care Of Name 2.b. Street Number and Name or PO Box 2.c. Apt. Ste. Flr. 2.d. City or Town 2.e. State 2.f. ZIP Code [Page 2]
	Web site address: Fax Number (include area code): Telephone Number (include area code):	 Managing Company or Agency Contact Information 3. Daytime Telephone Number 4. Fax Number 5. Email Address (if any) 6. Web site Address (if any) NOTE for Multiple Managing Companies or Agencies: If more than one managing company
		or agency is associated with the regional center, provide the above information for all other managing companies or agencies in the space provided in Part 10. Additional Information .
	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):	[Deleted]
	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.)	[Deleted]

Page 1, Part 2.		[Page 2]
Application Type (Check one)	Part 2. Application Type (Check one)	Part 3. Application Type
,		Select only one box.
	a. Initial application for Designation as a Regional Center	1. Initial application for designation as a regional center.
		NOTE: Initial applications include requests to add a new commercial enterprise associated with the regional center.
	b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional	2. Amendment to an approved regional center application.
	Center's previous approval notice:	NOTE: Amendment applications include:
		A. Amendments to the regional center's organizational structure, ownership, or administration;
		B. Changes to the geographic area of the regional center;
		C. Adding a new commercial enterprise associated with the regional center and/or seeking a preliminary determination of EB-5 compliance for an exemplar Form I-526, Immigrant Petition by Entrepreneur, for that new commercial enterprise, before individual entrepreneurs file their petitions; and
		D. Notifying USCIS of changes in the organizational structure or administration instruments, or offering memoranda (including changes in the economic analysis and underlying business plan used to estimate job creation for a previously added new commercial enterprise associated with the regional center.
		Indicate the type of projects submitted in support of the application
		3.a. Hypothetical3.b. Actual3.c. Actual with Form I-526 Exemplar
Page 1, Part 1.	[Page 3]	[Page 2]
Information About Principal of the Regional Center	Part 3. Information About the Regional Center	Part 4. Organizational Structure, Ownership, and Control of Regional Center Entity
AND	Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.	

Pages 3-4, Part 3. Information About the Regional Center (continued)

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

[Deleted]

[Deleted]

Organizational Structure of Regional Center Entity

If the organizational structure is different from the examples listed below, select "Other" and describe the nature of the organizational structure.

- **1.a.** Agency of a U.S. state, territory, or local government
- 1.b. Corporation
- **1.c.** Partnership (including limited partnerships)
- **1.d.** Limited liability company (LLC)
- **1.e.** Other (Describe below. If you need extra space, use the space provided in **Part 10.** Additional Information.)

Principals of the Regional Center Entity - Owners

List all persons (natural) and entities (nonnatural) who own or have a percentage of ownership in the regional center entity. For each natural person, include the owner's name, date and country of birth, the percentage of ownership, and the position held within the regional center (if any). For any non-natural owners, provide the names of all individual corporate owners, their trade names ("DBA"), and Federal Employer Identification Numbers. Additionally, for any non-natural owner of the regional center entity, list the names of all natural persons who have an ultimate beneficial ownership interest in the entity through that non-natural owner. If you need extra space, use the space provided in Part 10. Additional Information.

NOTE: For the purposes of Form I-924, a "natural person" is an individual human being and a "non-natural entity" is any legal entity or organization such as, but not limited to, a corporation, limited liability company, partnership, or governmental entity.

[Page 1]

Part 1. Information About Principal of the Regional Center

Name: Last First Middle

[Page 3]

Information About Owners of the Regional Center Entity

- **2.a.** Family Name (Last Name)
- **2.b.** Given Name (First Name)
- 2.c. Middle Name

Date of Birth (mm/dd/yyyy):	3. Date of Birth (mm/dd/yyyy)4. Country of Birth
	 5. Company Name (for a non-natural owner) 6. Federal Employee Identification Number (for a non-natural owner) 7. Natural persons having ownership, control or beneficial interest in the company listed in Item Number 5. of this section
	Other Names Used By Owners of the Regional Center Entity (if applicable) 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name 8.d. Trade Name ("DBA," if any) (for a nonnatural owner)
C/O: Street Address/P.O. Box: City: State: Zip Code:	Mailing Address of Regional Center Owner 9.a. In Care Of Name 9.b. Street Number and Name or PO Box 9.c. Apt. Ste. Flr. 9.d. City or Town 9.e. State 9.f. ZIP Code
Fax Number (include area code): Telephone Number (include area code): Web site address:	Other Information About Regional Center Owners 10. Daytime Telephone Number 11. Fax Number 12. Email Address (if any) 13. Web site Address (if any) 14. Percentage of Ownership 15. Position Held Within the Regional Center (if any)
	Principals of the Regional Center Entity – Non-Owners List all principals (natural and non-natural) associated with the regional center, other than those already identified in Part 4., Item Numbers 2.a 7. For each natural person, include the principal's name, date and country of birth, and position held within the regional center (if applicable). For any non-natural principal, provide the names of all individual corporate principals, any trade names ("DBA"), and the Federal Employer Identification Number. Additionally, for any non-natural principal of the regional center entity, list the names of all natural persons who have an ultimate beneficial ownership interest in the entity through that non-natural principal. If you need extra space, use the space provided in Part 10. Additional Information.
	principal of the regional center entity, list the names of all natural persons who have an ultimate beneficial ownership interest in the entity through that non-natural principal. If you need extra space, use the space provided in Part

Information About Principal Non-Owners of the Regional Center Entity 16.a. Family Name (Last Name) 16.b. Given Name (First Name) 16.c. Middle Name 17. Date of Birth (numdd/yyyy) 18. Country of Birth 19. Company Name (for a non-natural owner) 20. Federal Employer Identification Number (for a non-natural owner) 21. Natural persons lawing ownership, control, or beneficial interest in the company listed in Item Number 19. of this section [Page 4] Other Names Used By Non-Owners (if applicable) 22.a. Family Name (Last Name) 22.b. Given Name (First Name) 22.c. Middle Name 22.d. Trade Name or "DBA" (if any, for the Company listed in Item Number 19. of this section) Mailing Address of Regional Center Entity Non-Owners 23.b. Street Number and Name or PO Box 23.c. Apt. Ste. F1 23.d. Civer ON Name 23.b. Street Number and Name or PO Box 23.c. Apt. Ste. F1 23.d. Civer ON Name 23.b. Street Number and Name or PO Box 23.c. Apt. Ste. F2 23.d. Zive or Town 23.e. State 23.f. ZIP Code Other Information About Regional Center Num-Owners 24. Doytime Telephone Number 25. Fux Number 26. Email Andress (fi any) 27. Web site Address (fi any) 28. Position Held Within the Regional Center (fi any) 29. Dare Regional Center Entity Established (mundullyyyyy) 29. Dare Regional Center Entity Established (mundullyyyyy) 21. New Street Address (fi any) 22. Web site Address (fi any) 23. U.S. State or Territory Where Regional Center (fi any) 24. Dare Regional Center Entity Established (mundullyyyyy) 25. Position Held Within the Regional Center (fi any) 26. Email Andress (fi any) 27. Web site Address (fi any) 28. Position Held Within the Regional Center Entity Was Formed 29. Law you artached a map or other illustration that shows the geographic area which the regional center currently covers or will cover? YiN Have you demonstrated that: 28. A. The regional center focuses on a limited, contiguous geographical area of the United		
Other Names Used By Non-Owners (if applicable) 22.a. Family Name (Last Name) 22.b. Given Name (First Name) 22.c. Middle Name 22.d. Trade Name or "DBA" (if any, for the Company listed in Item Number 19, of this section) Mailing Address of Regional Center Entity Non-Owners 23.a. In Care Of Name 23.b. Street Number and Name or PO Box 23.c. Apt. Ste. Fir. 23.d. City or Town 23.e. State 23.f. ZIP Code Other Information About Regional Center Non-Owners 24. Daytime Telephone Number 25. Fax Number 26. Email Address (if any) 27. Web site Address (if any) 28. Position Held Within the Regional Center (if any) 29. Date Regional Center Entity Established (mm/dd/yyy) 30. U.S. State or Territory Where Regional Center Entity Was Formed Geographic Area of Regional Center 31. Have you attached a map or other illustration that shows the geographic area which the regional center currently covers or will cover? Y/N Have you demonstrated that: 32.a. The regional center focuses on a limited,		 16.a. Family Name (Last Name) 16.b. Given Name (First Name) 16.c. Middle Name 17. Date of Birth (mm/dd/yyyy) 18. Country of Birth 19. Company Name (for a non-natural owner) 20. Federal Employer Identification Number (for a non-natural owner) 21. Natural persons having ownership, control, or beneficial interest in the company listed in
Applicable 22.a. Family Name (Last Name) 22.b. Given Name (First Name) 22.b. Given Name (First Name) 22.c. Middle Name 22.d. Trade Name or "DBA" (if any, for the Company listed in Item Number 19. of this section) Mailing Address of Regional Center Entity Non-Owners 23.a. In Care Of Name 23.b. Street Number and Name or PO Box 23.c. Apt. Ste. Fir. 23.d. City or Town 23.e. State 23.f. ZiP Code Other Information About Regional Center Non-Owners 24. Daytime Telephone Number 25. Fax Number 26. Email Address (if any) 27. Web site Address (if any) 27. Web site Address (if any) 28. Position Held Within the Regional Center (if any) 29. Date Regional Center Entity Established (mm/dd/yyy) 30. U.S. State or Territory Where Regional Center Entity Was Formed Center Entity Non-Counten		[Page 4]
Non-Owners 23.a. In Care Of Name 23.b. Street Number and Name or PO Box 23.c. Apt. Ste. Fir. 23.d. City or Town 23.e. State 23.f. ZIP Code Other Information About Regional Center Non-Owners 24. Daytime Telephone Number 25. Fax Number 26. Email Address (if any) 27. Web site Address (if any) 27. Web site Address (if any) 28. Position Held Within the Regional Center (if any) 29. Date Regional Center Entity Established (mm/dd/yyyy) 30. U.S. State or Territory Where Regional Center Entity Was Formed Geographic Area of Regional Center 31. Have you attached a map or other illustration that shows the geographic area which the regional center currently covers or will cover? Y/N Have you demonstrated that: 32.a. The regional center focuses on a limited,		 applicable) 22.a. Family Name (Last Name) 22.b. Given Name (First Name) 22.c. Middle Name 22.d. Trade Name or "DBA" (if any, for the Company listed in Item Number 19. of this
Non-Owners 24. Daytime Telephone Number 25. Fax Number 26. Email Address (if any) 27. Web site Address (if any) 28. Position Held Within the Regional Center (if any) 29. Date Regional Center Entity Established (mm/dd/yyyy) 30. U.S. State or Territory Where Regional Center. Note: This area must be contiguous. Provide a map of the geographic area. Geographic Area of Regional Center 31. Have you attached a map or other illustration that shows the geographic area which the regional center currently covers or will cover? Y/N Have you demonstrated that: 32.a. The regional center focuses on a limited,		Non-Owners 23.a. In Care Of Name 23.b. Street Number and Name or PO Box 23.c. Apt. Ste. Flr. 23.d. City or Town 23.e. State
center. Note: This area must be contiguous. Provide a map of the geographic area. Geographic Area of Regional Center 31. Have you attached a map or other illustration that shows the geographic area which the regional center currently covers or will cover? Y/N Have you demonstrated that: 32.a. The regional center focuses on a limited,	Part 3. Information About the Regional	 Non-Owners 24. Daytime Telephone Number 25. Fax Number 26. Email Address (if any) 27. Web site Address (if any) 28. Position Held Within the Regional Center (if any) 29. Date Regional Center Entity Established (mm/dd/yyyy) 30. U.S. State or Territory Where Regional
32.a. The regional center focuses on a limited,	center. Note: This area must be contiguous.	31. Have you attached a map or other illustration that shows the geographic area which the regional center currently covers or will cover? Y/N

States? Y/N

32.b. The boundaries are reasonable based on evidence that the proposed area is contributing significantly to the supply chain and labor pool of the proposed new commercial enterprises? Y/N

NOTE: The geographic area covered by the regional center must be a limited, contiguous, and clearly identified area.

33. Regional Center Entity Federal Employer Identification Number

Administration, Oversight, and Management **Functions**

34. Have you submitted a plan that demonstrates that there are (or will be) sufficient management, oversight, and administrative functions in place to monitor all EB-5 capital investment activities? Y/N

NOTE: You must provide a description and submit documentation of 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 jobs created or maintained under its sponsorship.

[Page 5]

Documentary Evidence of Regional Center Ownership, Structure, Control and Administration, Oversight, and Management **Functions**

Indicate the type of documentation you have submitted to establish the regional center's ownership, structure, control and administration, oversight, and management functions. This list is not exclusive and if you have documentation that is not reflected in the examples listed below, select "Other" and describe the nature of the documentation.

35.a. Equity Ledger and/or Capitalization Table

35.b. Organizational Chart

35.c. Articles or Certificates of Formation

35.d. Governing Document (for example, Partnership Agreement or Operating

Agreement)

35.e. Meeting Minutes or Written Consents

35.f. Annual Report

35.g. Equity Certificates

35.h. Organizational Information Identifying the Regional Center as a Unit of an Agency or Municipality of a U.S. State or Territory

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.

4. Describe the regional center's administration, oversight, and management functions that are or

	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.	35.i. Other (Describe the nature of the documentation below.) Promotional Activities 36. Have you submitted documentation, such as a budget, that details how the regional center has or will conduct promotional activities? Y/N NOTE: You will need to provide a description and submit documentation of the regional center's 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.	Plan of Operation 37. Have you submitted a plan of operation that details how EB-5 investors will be recruited, the methods by which the capital investment opportunities will be offered, and how potential investors will subscribe or commit to the investment? Y/N NOTE: You must provide a description and submit documentation of the regional center's operational plan regarding investor recruitment, the types of investment offerings, and the methods by which the investors will subscribe or otherwise commit to the investments offered.
	[Page 3] 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?	USCIS Actions on Prior Form I-924 Approval or Requests for Designation 38.a. Has U.S. Citizenship and Immigration Services (USCIS) ever terminated this regional center's designation or has the regional center entity, principals, managing company, or agent involved with this application ever filed a Form I-924 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.	If you answered "Yes," provide the following information associated with the denied or terminated regional center: 38.b. Regional Center Identification Number NOTE: Provide an explanation of the denial or termination and/or the association between the regional center principal, managing company,
Page 4, Part 3. Information About the Regional Center (continued)	[Page 4]	agent, or owner and the denied or terminated regional center in the space provided in Part 10. Additional Information. [Page 5] Part 5. Information About the Industries That Will Be the Focus of EB-5 Capital Investments Sponsored Through the
	7. Identify each industry that has or will be the	Regional Center List each industry that has or will be the focus

	focus of EB-5 capital investments sponsored	of EB-5 capital investments sponsored through
	through the regional center.	the regional center. If you need extra space, use the space provided in Part 10. Additional Information.
	Industry Category Title:	1.a. Nature of Industry (for example, furniture manufacturer)
	NAICS Code for the Industry Category:	1.b. North American Industry Classification System (NAICS) Code for Included Industry
	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?	1.c. Is Form I-924 supported by an economic analysis and underlying business plan for determining prospective EB-5 job creation through EB-5 investments in this industry category? Y/N
		[Add separation line.]
	No- Attach an explanation/Yes	If you answered "No," explain in the space provided in Part 10. Additional Information .
	Industry Category Title:	2.a. Nature of Industry (for example, furniture manufacturer)
	NAICS Code for the Industry Category:	2.b. NAICS Code for Included Industry
		[Page 6]
	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?	2.c. Is Form I-924 supported by an economic analysis and underlying business plan for determining prospective EB-5 job creation through EB-5 investments in this industry category? Y/N
	No- Attach an explanation/Yes	If you answered "No," explain in the space provided in Part 10. Additional Information .
	Industry Category Title:	NOTE: For each additional industry, provide the information requested above in the space
	NAICS Code for the Industry Category:	provided in Part 10. Additional Information.
	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?	[delete]
	No- Attach an explanation/Yes	
Page 4, Part 3.	[Page 5]	[Page 6]
Information About the Regional Center (continued)		Part 6. Organizational Structure, Ownership, and Control of Any New Commercial Enterprises in Which Investors Have Made or Will Make Their Capital Investments
	8a. Describe and document the current and/or prospective structure of ownership and control	Provide the information below if the regional center requests to add a new commercial

of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

enterprise associated with the regional center or if the regional center requests to amend a previously added new commercial enterprise. If the regional center seeks to add more than one new commercial enterprise with this filing, provide the information below for each new commercial enterprise in the space provided in **Part 10. Additional Information.**

- **b.** Date commercial enterprise established, if any (mm /dd/yyyy):
- [Deleted]
- **c.** Organization Structure for commercial enterprise:

[Deleted]

Organizational Structure of New Commercial Enterprise

If the organizational structure is different from the examples listed below, check "Other" and describe the nature of the organizational structure in the space provided in **Part 10**. **Additional Information**. Also, if you need additional space to add new commercial enterprises that are established, use the space provided in **Part 10**. **Additional Information**.

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

- 1.a. Corporation
- **1.b.** Partnership (whether limited or general)
- **1.c.** Limited Liability Company (LLC)
- **1.d.** Other (Describe below. If you need extra space, use the space provided in **Part 10**. **Additional Information**)

Ownership

List all persons (natural) and entities (nonnatural) who own or have a percentage of ownership in the new commercial enterprise. For each natural person, include the owner's name, date and country of birth, the percentage of ownership, and the position held within the new commercial enterprise (if any). For any non-natural owner, provide the name of the company, any trade name ("DBA"), and Federal Employer Identification Number. Additionally, for any non-natural owner of the new commercial enterprise, list the names of all natural persons who have an ultimate beneficial ownership interest in the entity through that non-natural owner. If you need extra space, use the space provided in **Part 10. Additional** Information.

Information About Owner of the New Commercial Enterprise

- **2.a.** Family Name (Last Name)
- **2.b.** Given Name (First Name)
- 2.c. Middle Name
- 3. Date of Birth (mm/dd/yyyy)
- **4.** Country of Birth
- **5.** Company Name (for non-natural owner)

- **6.** Federal Employer Identification Number (for a non-natural owner)
- **7.** Name of natural persons having ownership control or beneficial interest in the Company listed in **Item Number 5**. of this section
- **8.** Position held within the New Commercial Enterprise (if any)
- **9.** Percentage of Ownership__%
- **10.** Date New Commercial Enterprise Established (mm/dd/yyy)
- **11.** U.S. State or Territory where the new commercial enterprise was or will be formed

[Page 7]

Documentary Evidence of New Commercial Enterprise Ownership, Structure, Control and Administration, Oversight, and Management Functions

Indicate the type of documentation you submitted to establish the ownership, structure, control and administration, oversight, and management functions of the new commercial enterprise. If you have documentation that is not reflected in the examples listed below, describe and explain the nature of the organization in the space provided in **Part 10.** Additional Information.

12.a. Equity ledger and/or capitalization table

12.b. Organizational chart

12.c. Articles or certificates of formation

12.d. Governing document (for example, partnership agreement, operating agreement)

12.e. Meeting minutes or written consents

12.f. Annual report

12.g. Equity certificates

12.h. Other (Describe below. If you need extra space, use the space provided in **Part 10.**

Additional Information.)

13. Does or will the regional center or any of its principals or agents have an equity stake in the new commercial enterprise? Y/N

If you answered "Yes," provide an explanation in the space provided in **Part 10. Additional Information** and submit documentation with this application that details such equity ownership.

14. Does or will the regional center or any of its principals, managing companies, or agents receive fees, profits, surcharges, or other remittances through EB-5 capital investment activities from any current or prospective new commercial enterprise or any current or prospective EB-5 investor (beyond the minimum capital investment threshold required of the EB-5 investors)?

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.	If you answered "Yes," provide an explanation in the space provided in Part 10. Additional Information and submit documentation with this application that describes the remittances and outlines when and under what circumstances these remittances will be paid.
Page 5, Part 4. Applicant Signature	Part 4. Applicant Signature Read the information on penalties in the instructions	[Page 7] Part 7. Authorized Individual's Statement, Contact Information, Certification, and
	before completing this section. If someone helped you prepare this petition, he or she must complete Part 5 .	NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
		1.a. I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to each question.
		1.b. The interpreter named in Part 8. has also read to me each and every question and instruction on this application, as well as my answer to each question, in [Fillable Field], a language in which I am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.
		2. I have requested the services of and consented to [Fillable Field], who is/is not an attorney or accredited representative, preparing this application for me.
	Printed Name of Applicant	 Authorized Individual's Contact Information 3.a. Authorized Individual's Family Name (Last Name) 3.b. Authorized Individual's Given Name (First Name)
	Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.) Daytime Phone Number (Area/Country Codes)	 4. Authorized Individual's Title 5. Authorized Individual's Daytime Telephone Number 6. Authorized Individual's Mobile Telephone
	E-Mail Address	Number (if any) 7. Authorized Individual's Email Address (if any) 8. Authorized Individual's Web site Address (if any)
		[Page 8]
		Authorized Individual 's Certification Copies of any documents I have submitted are

	I certify, under penalty of perjury under the laws of the United States of America, that this form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center. Signature of Applicant Date (mmldd/yyyy)	exact photocopies of unaltered, original documents, and I understand that USCIS may require the regional center to submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from the regional center's records that USCIS may need to determine the regional center's eligibility for the immigration benefit that it seeks. I also authorize release of information contained in this application, in supporting documents, and in USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws and, as appropriate, for law enforcement purposes or in the interest of national security. I certify, under penalty of perjury, that the information in this application and any documents submitted with this application are complete, true and correct. I am filing this application on behalf of the regional center entity, and I certify that I am empowered to do so by the regional center entity. Authorized Individual's Signature 9.a. Authorized Individual's Signature 9.b. Date of Signature (mm/dd/yyyy)
New		Page 8 Part 8. Interpreter's Contact Information, Certification, and Signature Provide the following information about the interpreter. Interpreter's Full Name 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any) Interpreter's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any) Interpreter's Certification

		I certify that:
		I am fluent in English and [Fillable Field], which is the same language provided in Part 7. , Item Number 1.b. ;
		I have read to the authorized individual of the regional center every question and instruction on this application, as well as the answer to every question, in the language provided in Part 7., Item Number 1.b. ; and
		The authorized individual of the regional center has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the authorized individual of the regional center verified the accuracy of every answer.
		Interpreter's Signature6.a. Interpreter's Signature6.b. Date of Signature (mm/dd/yyyy)
Page 6, Part 5.		[Page 9]
Signature of Person Preparing This Form, If Other Than Above (Sign Below)	Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)	Part 9. Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Authorized Individual of the Regional Center
		Provide the following information about the preparer.
		Preparer's Full Name
	Printed Name of Preparer	1.a. Preparer's Family Name (Last Name)
	Firm Name and Address	1.b. Preparer's Given Name (First Name)2. Preparer's Business or Organization (if any)
		Preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country
	Daytime Phone Number (Area/Country Codes)	<i>Preparer's Contact Information</i>4. Preparer's Daytime Telephone Number
	Fax Number (Area/Country Codes) E-mail Address	5. Preparer's Fax Number6. Preparer's Email Address (if any)
		Preparer's Statement 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the authorized

		individual of the manional contan and with the
		individual of the regional center and with the authorized individual's consent.
		7.b. I am an attorney or accredited representative and my representation of the authorized individual of the regional center extends/does not extend beyond the preparation of this application.
		NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.
	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.	Preparer's Certification By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of the authorized individual of the regional center. I completed this application based only on responses the authorized individual of the regional center provided to me. After completing the application, I reviewed it and all of the responses with the authorized individual of the regional center, who agreed with every answer on the application. If the authorized individual of the regional center supplied additional information concerning a question on the application, I recorded it on the application.
	Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?	[Deleted]
	Signature of Preparer Date (mm/dd/yyyy)	Preparer's Signature 8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)
New		Page 10, Part 10. Additional Information
		If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with your application or attach a separate sheet of paper. Include the regional center entity's name at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.
		1. Name of regional center entity
		2.a. Page Number2.b. Part Number

2.c. Item Number
2.d. [Fillable Field]
z.u. [rmaoie rield]
3.a. Page Number
3.b. Part Number
3.c. Item Number
3.d. [Fillable Field]
4.a. Page Number
4.b. Part Number
4.c. Item Number
4.d. [Fillable Field]
5.a. Page Number
5.b. Part Number
5.c. Item Number
5.d. [Fillable Field]
6.a. Page Number
6.b. Part Number
6.c. Item Number
6.d. [Fillable Field]
7.a. Regional Center Authorized Individual's
Signature
7.b. Date of Signature (mm/dd/yyyy)
7.66. Date of Signature (Hilliada, yyyy)