# FORM D

al-85470-14

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB API	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2002
Estimated average	e burden
hours per respo	nse1
SEC USI	E ONLY
Prefix	Serial

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Common Stock	854701
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	EED 0 8 9000 .
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Integrated Silicon Solution, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 2231 Lawson Lane, Santa Clara, CA 95054-3311	Telephone Number (Including Area Code) (408) 588-0800
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same	Telephone Number (Including Area Code) same
Brief Description of Business Design, develop and market semiconductor devices	PROCESSED
Type of Business Organization  Corporation  Imited partnership, already formed  business trust  limited partnership, to be formed  other	MAR U 8 ZUUZ  THOMSON  (please specify): FINANCIAI
Actual or Estimated Date of Incorporation or Organization:    Month   Year     0   6   9   3	Actual Estimated ate:

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## \_ ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	<del></del>	A	. BASIC IDI	ENTII	FICATION DATA			_	
<ul><li>Each beneficial own</li><li>Each executive office</li></ul>	quested for the follow e issuer, if the issuer ha er having the power to eer and director of corpo anaging partner of partn	s been vote o orate is	or dispose, or direct the ssuers and of corporate	vote	or disposition of, 10%				
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	findividual)								
Business or Residence Addre 2231 Lawson Lane, Santa C	-	_	, State, Zip Code)						
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, in	findividual)								
Business or Residence Addre 2231 Lawson Lane, Santa O			, State, Zip Code)						
Check Box(es) that Apply:	Promoter		Beneficial Owner	×	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it McDonald, Michael	findividual)								
Business or Residence Addre 2231 Lawson Lane, Santa C			, State, Zip Code)						
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Song, Paul	f individual)								
Business or Residence Addre 2231 Lawson Lane, Santa C			y, State, Zip Code)						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, i Tan, Lip-Bu	f individual)								
Business or Residence Addre 2231 Lawson Lane, Santa C			, State, Zip Code)						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, i <b>Tanigami, Hide</b>	f individual)							~	
Business or Residence Addre			, State, Zip Code)						
2231 Lawson Lane, Santa C Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, i Wong, Chun Win	f individual)								managing 1 at the
Business or Residence Addre			y, State, Zip Code)						c <sub>1</sub> ,
2231 Lawson Lane, Santa C			, or copy and use add	litiona	al copies of this sheet	as n	ecessarv)		

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Berger, LLC	f individual)				
Business or Residence Addre Suite 900, Denver, CO 8020		et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	١,			9 9
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)			- 11411	
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			

				В.	INFOR	MATION A	ABOUT OF	FERING				
1 116	a the issues sold	on do so the di		a sall to not			his offenius o				Yes	No ⊠
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								لسا				
What is the minimum investment that will be accepted from any individual?									\$	N/A		
				•	·						Yes	No
	es the offering p	-	•	_							$\boxtimes$	
	ter the information nuneration for so											
per	rson or agent of a	broker or dea	der registered	l with the SE	C and/or wit	h a state or st	ates, list the r	name of the b	roker or deal	er. If more		
	nn five (5) person aler only.	is to be listed i	are associated	persons of	such a broket	or dealer, yo	ou may set fo	rth the intorn	nation for the	at broker or		
Full Nar	ne (Last name fi	rst, if individu	ıal)				•				· · · · · ·	
Rusiness	s or Residence A	ddress (Numl	per and Street	t City State	Zin Code)							
Dusines	of Residence 7	adiess (Tame	ger and garee	i, City, Blace	, zip code)							
Name of	f Associated Bro	ker or Dealer							,		· · · · · · · · · · · · · · · · · · ·	
States in	Which Person I	isted Has Sol	licited or Inte	nds to Solic	it Purchasers				·		<del></del>	
	k "All States" or										Па	ll States
										•		
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last name fi	rst, if individu	ıal)									
- ·	P :1	11 01 1	1.0:	. 01. 0	2: 0.1)							·
Busines	s or Residence A	iddress (Numi	per and Stree	t, City, State	, Zip Code)							
Name of	f Associated Bro	ker or Dealer										
States in	Which Person I	isted Has So	ligited or Inte	ands to Solio	it Durchocare				<del></del>		· · · · · · · · · · · · · · · · · · ·	
	ck "All States" of											ll States
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[M]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last name fi	rst, if individ	ual)							. ,		
-					<u> </u>	····						
Busines	s or Residence A	address (Num	ber and Stree	t, City, State	e, Zip Code)							
Name o	f Associated Bro	ker or Dealer					• • • • • • • • • • • • • • • • • • • •					
States in	n Which Person I	Listed Has So	licited or Inte	ends to Solic	it Purchasers							
(Che	ck "All States" o	r check indivi	duals States)	***************************************				••••			□а	Il States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[M]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	, , ,	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0.00	\$0.00
	Equity	\$ 5,756,626.84	\$5,756,626.84
	☐ Preferred		;
	Convertible Securities (including warrants)	\$	\$0,00
	Partnership Interests	\$0.00	\$ 0.00
	Other (Specify)		\$0.00
	Total	\$_5,756,626.84	\$ <u>5,756,626.84</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	62	\$ <u>5,756,626.84</u>
	Non-accredited Investors	0	\$0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	$\boxtimes$	\$10,000.00
	Printing and Engraving Costs		\$
	Legal Fees	$\boxtimes$	\$100,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$110,000.00

	C. ,	OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF P	ROCEEDS		
	total expenses furnished in res	en the aggregate offering price given in response to Part C - Question 1 an sponse to Part C - Question 4.a. This difference is the "adjusted gross	d		\$ <u>5,646</u>	,626.84
i.	the purposes shown. If the ame	the adjusted gross proceeds to the issuer used or proposed to be used for each ount for any purpose is not known, furnish an estimate and check the box to of the payments listed must equal the adjusted gross proceeds to the issuer question 4.b above.	the			
			Officers,	nents to Directors & iliates		ents To hers
	Salaries and fees		. 🖂 s	0.00	⊠ s	0.00
	Purchase of real estate		. ⊠ \$	0.00	⊠ <b>\$</b>	0.00
	Purchase, rental or leasing and	d installation of machinery and equipment	⊠ \$	0.00	⊠ s	0.00
	Construction or leasing of pla	nt buildings and facilities	. ⊠ \$	0.00	⊠ <b>s</b>	0.00
		es (including the value of securities involved in this offering that may be ts or securities of another issuer pursuant to a merger)	. ⊠ \$	0.00	⊠ s	0.00
	Repayment of indebtedness		<b>⊠</b> \$	0.00	<b>S</b>	0.00
	Working capital		. × s	0.00	⊠ <b>s</b>	0.00
		ired assets, including tangible personal property, intellectual property and agh merger of Purple Ray, Inc. with and into the issuer	. 🛭 <b>s</b>	0.00	<b>⊠</b> \$ <u>5,6</u>	46,626.84
	Column Totals		<b>⊠</b> \$	0.00	<b>⊠</b> \$ <u>5,6</u>	46,626.84
	Total Payments Listed (	column totals added)		<b>S</b> \$ 5,64	6,626,84	
		D. FEDERAL SIGNATURE				
ınde		to be signed by the undersigned duly authorized person. If this notice is filed under U.S. Securities and Exchange Commission, upon written request of its staff raph (b)(2) of Rule 502.				
	er (Print or Type)		ate	·		· · · · · · · · · · · · · · · · · · ·
nte	grated Silicon Solution, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Type)	ebruary 20	و, 2002		
		I the or signer (time or type)				