FORM D

919134

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response... 1



FORM D

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

SEC USE ONLY							
Prefix Serial							
DA	TE RECEIV	'ED					

Mandadina Duswing Commence	Ina Chaoli Ontiana and Hudarbitan Charan at	Camman Charle
	Inc. Stock Options and Underlying Shares of	
Filing Under (Check box(es) that apply):	[] Rule 504 [] Rule 505 [x] Rule 506	[] Section 4(6) [] ULOE
Type of Filing: [X] New Filing [] Amer	ndment	
	A. BASIC IDENTIFICATION DATA	
Enter the information requested about the		
Name of Issuer ([] check if this is an ame Mendocino Brewing Company,	ndment and name has changed, and indicate change.) Inc.	1 10 T 2 8 2002 ≫
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	13351 Highway 101 South	(800) 733-3871
	Hopland, CA 95449	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
,		
		PROCESSEU
Brief Description of Business		PROCESSEU 7 2002
Brief Description of Business Beer brewing, sales, and distrib	ution	PROCESSEU NOV 0 7 2002
•	ution	PROCESSED NOV 0 7 2002 THOMSON P
Beer brewing, sales, and distrib	ution [] limited partnership, already formed	PROCESSEU NOV 0 7 2002 THOMSON THOMSON
Beer brewing, sales, and distrib Type of Business Organization		PROCESSEU NOV 0 7 2002 THOMSON THOMSON
Beer brewing, sales, and distrib Type of Business Organization [X] corporation	[] limited partnership, already formed	PROCESSEU NOV 0 7 2002 THOMSON [] other (please specipinancial)
Beer brewing, sales, and distrib Type of Business Organization [X] corporation	[] limited partnership, already formed [] limited partnership, to be formed Month Year	PROCESSEU NOV 0 7 2002 THOMSON [] other (please specipinancial) Actual [] Estimated
Beer brewing, sales, and distrib Type of Business Organization [X] corporation [] business trust Actual or Estimated Date of Incorporation or	[] limited partnership, already formed [] limited partnership, to be formed Month Year	[] other (please speciply ANCIAL) Actual [] Estimated

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 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.

State:

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 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 be 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 in the notice constitutes a part of this notice and must be completed.

	A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:											
	 Each promoter of the issuer, if the issuer has been organized within the past five years; 										
	 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 										
	mark and the some and the state of the control of t									ership issuers: and	
	ch general and i						J	,	J. J	,	,
Check Box(e	es) that Apply:	[]	Promoter	[X]	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual)											
	Breweries of				L. Otata 71 - 0	S = 4 = 3					- Lance To Lance
	Residence Addr	•			•	200e)					
	r Drive, Suite					r 1	Cuantina		Disastas		Constal and/or
	es) that Apply:	[]	Promoter	[X]	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
	ast name first, if nes Mirabel,		ual)								
	Residence Addr		ımber and Str	eet, C	ity, State, Zip (Code)					
P.O. Bo	x 6-4298, El [Oorad	o, Panama	City	Panama						
Check Box(e	s) that Apply:	[]	Promoter	[X]	Beneficial Owner	[X]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
	ast name first, if	individ	ual)								
	Residence Addre					Code)					
3 Harbo	<u>r Drive, Suite</u>	115,	Sausalito,	CA S	94965						
Check Box(e	es) that Apply:	[]	Promoter	[]	Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
-	ast name first, if		ual)								
	Residence Addr		imber and Str	eet, C	ity, State, Zip C	Code)					
1601 Air	port Road, U	kiah,	CA 95402								
Check Box(e	s) that Apply:	[]	Promoter	[]	Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (L R.H.B. N	ast name first, if	individ	ual)								
	Residence Addre	ess (Nu	mber and Str	eet. Ci	tv. State. Zip C	Code					
	oherd Neame				•	•	ent ME13 3A	X. Unite	d Kinada	m	
	s) that Apply:	[]		[]	Beneficial Owner	[]			Director	[]	General and/or
	Full Name (Last name first, if individual)										
	Kent D. Price Business or Residence Address (Number and Street, City, State, Zip Code)										
	ert Kent and	•			•	-	r Francis D	rake Blv	d., Larksı	our, CA	94939
	s) that Apply:	[]	Promoter	[]	Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual)											
Sury Rao Palamand, Ph.D.											
	Business or Residence Address (Number and Street, City, State, Zip Code) 50 Crestwood Executive Center, Suite 207, St. Louis, MO 63126										

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BA	SIC IDENTIFI	CATIO	N DATA (conf	tinued)	······		
A. BASIC IDENTIFICATION DATA (continued) 2. Enter the information requested for the following:									
Each promoter of the issuer, if the issuer has been organized within the past five years;									
 Each beneficial ow of the issuer; 	ner having the powe	r to vot	e or dispose,	or direc	t the vote or di	sposition o	of, 10% or m	ore of a c	lass of equity securities
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 									
	managing partner of		i		-	- Nel	Discolar		0
Check Box(es) that Apply:	[] Promoter		Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if individual) Jerome G. Merchant									
Business or Residence Addre		eet. Cit	v. State. Zip (Code)					
3 Harbor Drive, Suite	•		• • • •						
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[X]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if Yashpal Singh	individual)								
Business or Residence Address 1601 Airport Road, U	•		y, State, Zip (Code)					
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if David Townsend	individual)								
Business or Residence Addre	ess (Number and Str	eet, Cit	y, State, Zip (Code)					
c/o UBSN Limited, 17	7 Court Street, F	avers	ham, Kent	ME13	3AX, Unite	d Kingd	om		
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[X]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if N. Mahadevan	individual)								-
Business or Residence Address 13351 Highway 101 S	•			Code)					
Check Box(es) that Apply:	[] Promoter	[]	Beneficial Owner	[]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)		OWNER		Ollidor		1 1. *****************************	N. P.119	managing varior
Business or Residence Addre	ess (Number and Str	eet, Cit	y, State, Zip C	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	ace (Number and Str	oot Cit	v State Zin ('ode)					
Dusniess of Residence Addit	ess (ivumber and su	cci, Cii	y, State, Zip C	oue					
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 Address (Number and Street, City, State, Zip Code)									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B INFO	RMATION	ABOUT OF	FERING				<u>.</u>
					nii O	. area (1944)		. =:4110			Yes	No
1. Has	s the issuer	sold, or do	es the issue	er intend to	sell, to non	-accredited	investors in	this offerir	ıg?		[X	[]
		A	nswer also	in Appendi	x, Column	2, if filing ur	der ULOE.					
What is the minimum investment that will be accepted from any individual?										\$	0.52	
,											Yes	No
3. Does the offering permit joint ownership of a single unit?										[]	[X]	
offe and ass	nmission or ering. If a pe l/or with a s ociated per	similar rem rson to be tate or state sons of suc	nuneration f listed is an es, list the n th a broker	or solicitation associated ame of the	on of purcha person or a broker or d	asers in con agent of a ballealer. If mo	nection wit roker or dea re than five	h sales of s aler register (5) person	y or indirect ecurities in t red with the s to be listed er or dealer	he SEC I are		
Full Na	me (Last na	ame first, if	individual)									
Busine	ss or Reside	ence Addre	ss (Numbe	r and Stree	t, City, State	e, Zip Code)					
Name	of Associate	d Broker o	r Dealer					······································				
	in Which Pe "All States"				ds to Solici	t Purchaser	rs			r] All Sta	toc
(Check	[AK]	[AZ]	Idividual St [AR]	(CA)	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	.] Ali Ola [HI]	(ID)
[KL]	[JN]	[/42] [IA]	[KS]	[KY]	[CO] [LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	me (Last na											
										-,		
Busine	ss or Reside	ence Addre	ss (Numbe	r and Street	t, City, State	e, Zip Code)					
Name o	of Associate	d Broker o	Dealer									
States	in Which Pe	rson Listed	l Has Solici	ted or Inten	ds to Solici	t Purchaser	'S	· · · · · · · · · · · · · · · · · · ·			************	
(Check	"All States"	or check in	ndividual St	ates)						[] All Sta	tes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[ТХ]	[UT]	[//]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	ime first, if i	ndividual)									
Busine	ss or Reside	ence Addre	ss (Number	and Street	t, City, State	e, Zip Code)					
Name o	of Associate	d Broker o	Dealer									
States i	n Which Pe	rson Listen	Has Solici	ted or Inten	ds to Solici	t Purchaser	'S					
	"All States"				22 12 00.01		=			ſ] All Sta	tes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[Ri]	ISC1	ISDI	ITNI	LLXI	(I (TT)	MTI	L\Δ]	ΓΛ/Δ1	UVVVI	DA/II	UVV)	IPR1

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	SANDU	ISE OF PROCEEDS	S	
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	Of	Aggregate fering Price	Amour S	nt Already Sold
	Debt	\$	0	\$	(
	Equity (Underlying Shares)	\$	100,000	\$	(
	[X] Common [] Preferred	·		Υ	
	Convertible Securities (including warrants)	\$	0	\$	C
	Partnership Interests	\$	0	\$	(
	Other (Specify)	\$	0	\$	(
	Total	\$	100,000	\$	(
	Answer also in Appendix, Column 3, if filing under ULOE.				
	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 securitie and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answe "none" or "zero."	es er is		Λ	raggio
			Number Investors	Dollar	regate Amount rchases
	Accredited Investors		0	\$	(
	Non-accredited Investors		4	\$	0
	Total (for filing under Rule 504 only)	_	0	\$	(
	Answer also in Appendix, Column 4, if filing under ULOE.			Ψ	· · · · · · · · · · · · · · · · · · ·
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type lister in Part C—Question 1.	d		Dollar	Amount
	Type of Offering	Тур	e of Security	S	Sold
	Rule 505			\$	
	Regulation A			\$	
	Rule 504			\$	0
	Total			\$	
4. 8	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 the issuer. The information may be given as subject to future contingencies. If the amou of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	of			
	Transfer Agent's Fees	************	[]	\$	0
	Printing and Engraving Costs			A	0
	Legal Fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3,000
	Account Fees			_	0
	Engineering Fees		[]	\$	
	Sale Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)		[]	\$	0
	Total			\$	0

C. OFFERING PRICE, NUMBER OF INVI	ESTORS, EXPENSES AND	USE OF PROCEEDS	(Continued)
 Enter the difference between the aggregate offering price girling Question 1 and total expenses furnished in response to Part difference is the "adjusted gross proceeds to the issuer." 	t C-Question 4.a. This		\$ <u>97,000</u>
5. Indicate below the amount of the adjusted gross proceeds to to be used for each of the purposes shown. If the amount for furnish an estimate and check the box to the left of the estim listed must equal the adjusted gross proceeds to the issuer: Part C—Question 4.b above.	r any purpose is not known, nate. The total of the paymer	nts Payments to Officers	5,
	_	Directors, and Affiliate	<u>.</u>
Salaries and fees			0
Purchase of real estate			0 [] \$ 0
Purchase, rental or leasing and installation of machinery			0 [] \$0
Construction or leasing of plant buildings and facilities] \$(<u>0</u> [] \$0
Acquisition of other businesses (including the value of se in this offering that may be used in exchange for the ass or another issuer pursuant to a merger)	ets or securities] \$(<u> </u>
Repayment of indebtedness			0 []\$ 0
Working capital			0 [x] \$ 97,000
Other (specify):			0 []\$ 0
	_] \$ (
		1 \$	
Column Totals		j \$(
Total Payments (column totals added)			97,000
D.	FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the unde signature constitutes an undertaking by the issuer to furnish to to information furnished by the issuer to any non-accredited investi-	he U.S. Securities and Exch	ange Commission, upo	I under Rule 505, the following on written request of its staff, the
(Dist or Time)	Cian at us		To-de
ssuer (Print or Type)	Signature		Date
Mendocino Brewing Company, Inc.	1002		10/20/02
Name of Signer (Print or Type)	Title of Signer (Print or Typ	e)	
N. Mahadevan	Secretary and Chief I	Financial Officer	

APPENDIX 2 1 4 5 Disqualification under intend to sell Type of security State ULOE (if yes, and aggregate offering price to non-accredited Type of investor and attach explanation of amount purchased in State (Part C-Item 2) waiver granted) offered in state investors in State (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Non-Number of Accredited accredited State Yes No Investors **Amount** Investors Amount Yes No AL ΑK ΑZ AR Option to purchase common 3 granted; 0 exercised CA stock and underlying shares Exercise Price \$0.52 3 0 X CO CT DE DC FL GΑ Н ID 1L IN IA KS KY LA ΜE MD MA MI MN MS Option to purchase common stock and underlying shares MO 1 granted; Exercise Price \$0.52 0 exercised X MT NE NV NH NJ

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APPENDIX (Continued) 2 1 3 4 Disqualification under Type of security and aggregate offering price offered in state State ULOE (if yes, attach explanation of Intend to sell Type of investor and to non-accredited amount purchased in State (Part C-Item 2) investors in State waiver granted) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) Number of Number of Nonaccredited Accredited State Yes No Investors Investors Yes No Amount **Amount** NM NY NC ND OH OK OR PΑ RI SC SD TN TX UT ۷Ţ VA WA WV W WY PR