FORM D



CIK 11373149 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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

OMB Numl	ber:			
Expires:				
Estimated average burden				
hours per	response			
SEC	USE ONLY			
Prefix	Serial			
DAT	E RECEIVED			

UNIFORM LIMITED OFFERING	EXEMPTION
Name of Offering (check if this is an amendment and name has change Series C Preferred Stock Financing	ed, and indicate change.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505	Rule 506 Section 4(6) ULOE
Type of Filing: New Filing	RECEIVED
A. BASIC IDENTIFICATION I	DATA 9
1. Enter the information requested about the issuer	NOV 1 9 2002
Name of Issuer (Check if this is an amendment and name has changed, and indinately newisys, Inc.	icate change.)
Address of Executive Offices: (Number and Street, City, State, Zip Code) 10814 Jollyville Road, Suite 300, Austin, Texas 78759	Telephone Number (Including Area Code) (512) 340-9050
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Network server design	PROCESSED
Type of Business Organization ☐ corporation ☐ limited partnership, already formed	□ other (please specify): NOV 2 5 2002
□ business trust □ limited partnership, to be formed	THOMSON
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrev CN for Canada; FN for other foreign jurisdi	

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:

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 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.

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. ATTENTION

> 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.

	SIC IDENTIFICATION DATA	•	Company of the Compan					
2. Enter the information requested for the following:								
 Each promoter of the issuer, if the issuer has been organ 	ized 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;								
• Each executive officer and director of corporate issuers	and of corporate general and managin	g partners of partn	ership issuers; and					
Each general and managing partner of partnership issues		0 1 F						
Check Box(es) that Apply: Promoter Benefici		□ Director	General and/or					
Once Den(es) and Approx		2 2	Managing Partner					
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·							
Cipione, Clay								
Business or Residence Address (Number and Street, City,	State 7 in Code)							
10814 Jollyville Road, Suite 300, Austin, Texas 78759	State, Zip Code)							
	ial Owner	□ Director	General and/or					
Check Box(es) that Apply: Promoter Benefici	al Owner	[X] Director	Managing Partner					
Full Name (Last name first, if individual)								
Baskett, Forest								
Business or Residence Address (Number and Street, City,	State, Zip Code)							
2490 Sand Hill Road, Menlo Park, California 94025								
Check Box(es) that Apply: Promoter Benefici	al Owner 🔀 Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Hester, Phil								
Business or Residence Address (Number and Street, City,	State, Zip Code)							
10814 Jollyville Road, Suite 300, Austin, Texas 78759	, ,							
	ial Owner	⊠ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Horangic, Basil								
Business or Residence Address (Number and Street, City,	State, Zip Code)							
701 N. Brazos Street, Suite 1400, Austin, Texas 78701	• •							
Check Box(es) that Apply: Promoter Benefici	al Owner	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Maples, Mike Sr.								
Business or Residence Address (Number and Street, City,	State, Zip Code)							
10814 Jollyville Road, Suite 300, Austin, Texas 78759	, .							
	al Owner	□ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
Ketterson, Robert C.								
Business or Residence Address (Number and Street, City,	State Zin Code)							
82 Devonshire Street, R27B, Boston, MA 02109	5.mts, 2p = 00d5)							
Check Box(es) that Apply: Promoter Beneficia	al Owner	Director	General and/or					
			Managing Partner					
Full Name (Last name first, if individual)								
Cloudman, Terry	2: 2: 0.1)		······································					
Business or Residence Address (Number and Street, City,	State, Zip Code)							
10814 Jollyville Road, Suite 300, Austin, Texas 78759								

	IDENTIFICATION DATA							
2. Enter the information requested for the following:								
• Each promoter of the issuer, if the issuer has been organized	d 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;								
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
• Each general and managing partner of partnership issuers.								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial C	Owner	Director	General and/or					
., ., .	_		Managing Partner					
Full Name (Last name first, if individual)								
Fidelity Ventures III, Limited Partnership								
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)							
82 Devonshire Street, R27B, Boston, MA 02109								
Check Box(es) that Apply: Promoter Beneficial C	Owner	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)								
New Enterprise Associates 10, Limited Partnership								
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		··· · · · · · · · · · · · · · · · · ·					
2490 Sand Hill Road, Menlo Park, California 94025								
Check Box(es) that Apply: Promoter Beneficial C	Owner	Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)								
Austin Ventures VIII, L.P.								
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)							
701 N. Brazos Street, Suite 1400, Austin, Texas 78701								
Check Box(es) that Apply: Promoter Beneficial C	Owner	Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)								
Austin Ventures VII, L.P.								
Business or Residence Address (Number and Street, City, State	te, Zip Code)							
701 N. Brazos Street, Suite 1400, Austin, Texas 78701								
Check Box(es) that Apply: Promoter Beneficial O	wner	Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)								
Walton, Chris								
Business or Residence Address (Number and Street, City, State	te, Zip Code)							
10814 Jollyville Road, Suite 300, Austin, Texas 78759								
Check Box(es) that Apply: Promoter Beneficial C	Owner	Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)								
Oehler, Rich	4. 7:- C-1.)							
Business or Residence Address (Number and Street, City, State 10814 Jollyville Road, Suite 300, Austin, Texas 78759	ie, Lip Code)							
Check Box(es) that Apply: Promoter Beneficial O	wner	Director	General and/or					
Check Don(co) mat Apply. Tromoter Belleticial O	wner	Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State	te, Zip Code)							

*				В.	INFORM	ATION AB	OUT OFFE	RING	- La				
												Yes	No
1. I	Has the issuer	sold, or does						_	•••••	······································		Ш	
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									N/	A			
2. What is the minimum investment that will be accepted from any individual?								Yes	No				
3. Does the offering permit joint ownership of a single unit?4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or								\boxtimes					
s	Enter the informinitar remune in associated por dealer. If it	ration for so erson or age	licitation of int of a broke	purchasers : er or dealer	in connection registered w	on with sales with the SEC	s of securition of securities and/or with	es in the off n a state or s	ering. If a p tates, list the	person to be name of the	listed is e broker		
i	nformation for	that broker	or dealer on	y						· · · ·			
Full	Name (Last na	ame first, if i	ndividual)										
			_										
Busin	ess or Resider	ice Address ((Number and	Street, City	, State, Zip	Code)							
Name	of Associated	Broker or I	Dealer										-
States	in Which Per	son Listed H	las Solicited	or Intends to	o Solicit Pu	rchasers							
(Cł	eck "All State	es" or check	individual St	ates)		•••••					•••••	☐ All	States
[AL]		[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[II [M	-
[MI]	[NE]	[NV]	[NH]	[עא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P/	\]
[RI] Full N	Vame (Last na	[SD] ne first, if in	[TN] dividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PF	<u> </u>
Busin	ess or Resider	ice Address	(Number and	Street, City	, State, Zip	Code)				· · · ·			
Name	of Associated	Broker or D	Dealer .										
States	in Which Per	son Listed H	as Solicited	or Intends to	o Solicit Pur	rchasers							
(Ch	eck "All State	es" or check	individual St	ates)									States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		
[IL] [MI]	[NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MG [PA	.]
[RI] Full N	[SC] Iame (Last nar	[SD] ne first, if in	[TN] dividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PF	1
Busin	ess or Resider	ice Address ((Number and	Street, City	, State, Zip	Code)				_			
Name	of Associated	Broker or D	Dealer										
States	in Which Per	son Listed H	as Solicited	or Intends to	o Solicit Pur	rchasers							
•	eck "All State			•						••••			States
[AL]		[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[]E [M0	
[MI] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [W]]	[OR] [WY]	[P.A [P.F	.]

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 Alread Sold
	Debt		
	Equity	\$23,214,938.02	\$23,214,938.02
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	\$23,214,938.02	\$23,214,938.02
	Answer also in Appendix, Column 3, if filing under ULOE.		
2			
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 Purchases
	Accredited Investors	14	\$23,214,938.02
	Non-accredited Investors		
	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	Security	5014
	Regulation A		
	Rule 504		
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 Printing and Engraving Costs Legal Fees Accounting Fees		\$55,000.00
	Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Travel Expenses and Business Expenses		
	Total	🛛	\$55,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF	PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C - Quest total expenses furnished in response to Part C Question 4.a. This difference is the "adjusted gross to the user."	proceeds	b t.	£ \$23,159,938:02°
-5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check to the left of the assignment. The total of the payments listed must equal the adjusted gross proceeds to	he box to	,	e valar in managetari, aget gen
set forth in response to Part C - Question 4.b above.		्रे वे १८४८ भवलम् विध्यानस्य द्वास्	regarder of the second second
To The Control of the		Payments to Officers,	
endriumi ti Cimona i pri de militari e di sorgiu del prima assurance di prima passura e	• ********	Directors and Affiliates	Payments to Others
Salaries and fees		and an expression of a service of	A COTE OF A SECOND STATE OF A
Purchase of real estate			
Purchase, rental or leasing and installation of machinery and equipment		# .5 @p 49\$	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			
Repayment of indebtedness			
Working capital			⊠\$23,159,938.02
Other (specify): security investments; costs and expenses related thereto			
Other (specify):			
Column Totals			

Total Payments Listed (column totals added).....

\$23,159,938.02

Name of Signer (Print or Typo) Phillip D. Hester Chief Exceptive Calcor Chief Exceptive Calcor Cal		This of Steam (Print or Vipe). Chief Beaconing Circon	of Signer (Print or Typo) Time of
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tendi'n	teration of	the transaction of the state of	Section 1997 to the Action
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	and a proper pro	ATTENTON	
Intentional missialements of omissions of fact constitute federal criminal violations. (See 18 L	s. (Sca 18 U.S.C. 1001.)	of fact constitute federal criminal violatic	intional missialements of omissions of fact so

The state of the s

If any party described in 17 CFR 230.252(e), (d), (e) or (f) presently adjust to any of the disquelihenten providence of such rule?	Yes	No

Seo Appendia, Column S, for suce response.

- The nedersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filled, a notice on Form D
 (17 CFR 239.500) at such times as required by state law.
- 3. The understaned issues hareby undertakes to formich to the class estudiosentem, upon written request, information formiched by the issuer to offerees.
- 4. The undersigned larger represents that the issues is desilier with the conditions that must be activated to be emitted to the Uniform Limited Officing Examption (ULOS) of the citie in which this examption has the burden of examption than the organization of examplify than these conditions have been exampted.

The issuer has and this aritheries and known his contrain to be bus and has dely curred this active to be eighed on in behalf by the undersigned duly authorized person.

ksaer (Print or Typo) Newbys, Inc.	Philips D. Ja	Date 1 November, 200 2
Name of Signer (Print or Type)	Tide of Styres (Print of Type)	
Phillip II. Hester	Chief Breeziler Office	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX					
1	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series C Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK			-							
AZ										
AR										
CA		Х	\$0.2593	5	\$7,168,748.56	0	0		Х	
со										
CT										
DE										
DC										
FL										
GA							i			
НІ										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA		х	\$0.2593	2	\$10,000,000.18	0	0		х	
MI										
MN										
MS										
MO										

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1	Inten to non- investo	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Series C Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT	163	110		Investors	Amount	Anvestors	Amount	163	110
NE					<u></u>				
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC	T								
SD									
TN									
TX		X	\$0.2593	7	\$6,046,189.28	0	0		X
UT					<u></u>				
VT							· · · · · · · · · · · · · · · · · · ·		
VA									
WA									
WV								-	
WI									

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