FORM D



1218147

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
UNIFORM LIMITED OFFERING EXEMPTION

OMB Approval
OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
hours per esponse ... 16.00

RECEIVED (10)

... 16.00

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Name of Offering (check if this is an a			hange.)	
CC of Kansas, L.P. Pr	ivate Placement Mem	orandum		:
Filing Under (Check box(es) that apply):	Rule 504 🛛 Rule 505	□ Rule 506 □	Section 4(6)	ULOE
Type of Filing: New Filing Amendm	ent			
	A. BASIC IDE	NTIFICATION	DATA	
1. Enter the information requested about th	e issuer	-		
Name of Issuer (check if this is an ar	nendment and name has changed	i, and indicate ch	ange.)	
CC of Kansas, L.P.				
Address of Executive Offices (Number and	Street, City, State, Zip Code)	-	Telephor	ne Number (Including Area Code)
1311 Armory Road, Salina	, KS 67401		(7	85) 825-2599
Address of Principal Business Operations	Number and Street, City, State,	Zip Code)	Telepho	ne Number (Including Area Code)
(if different from Executive Offices)				
Brief Description of Business				PROCESSED
				bkocroor-
Manufacture of tube-in-s	shell heat exchanger	s		
Type of Business Organization				APR 08 2003
□ corporation □	limited partnership, already for		□ other (ple	ase specify):
□ business trust □	limited partnership, to be forme			THOMSON FINANCIAL
		Month	Year	
Actual or Estimated Date of Incorporation	_	$\begin{bmatrix} 0 & 7 \end{bmatrix}$	0 1 🕱	Actual Estimated
Jurisdiction of Incorporation or Organiza	tion: (Enter two-letter U.S. Pos	tal Service abbre	viation for State;	
	CN for Canada; FN for oth	er foreign jurisdi	ction) KS	

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 consistues 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.

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- 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;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and man 	aging	partner of pa	rtnership issuers.					
Check Box(es) that Apply:	O I	Promoter	☐ Beneficial Owner		Executive Officer		Director	☑General and/or Managing Partner
Full Name (Last name first, if Callabresi Com			ems, Inc.					
Business or Residence Addre			•	e)				
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	120	Executive Officer	530	Director	☐General and/or Managing Partner
Full Name (Last name first, i Callabresi, Je		ridual)						
Business or Residence Address 3605 E. Spillm			reet, City, State, Zip Coo Cambria, KS 674					••
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner		Executive Officer		Director	□General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)						
Business or Residence Addre	ess (N	umber and Si	treet, City, State, Zip Co	de)				
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner		Executive Officer		Director	☐General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)						
Business or Residence Adda	ess (N	umber and S	treet, City, State, Zip Co	ode)				
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner		☐ Executive Officer	[Director	☐General and/or Managing Partner
Full Name (Last name first.	if ind	ividual)						
Business or Residence Add	ress (N	Number and S	Street, City, State, Zip C	ode)				
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	r	☐ Executive Office	г	☐ Director	□General and/or Managing Partner
Full Name (Last name first	, if inc	lividual)				- · · -		
Business or Residence Add	lress (Number and	Street, City, State, Zip C	ode)	1			
Check Box(es) that Apply	C	Promoter	□ Beneficial Owne	er .	☐ Executive Office	er	☐ Director	□General and/or Managing Partne
Full Name (Last name firs	t, if in	dividual)						
Business or Residence Ad	dress (Number and	Street, City, State, Zip (Code)		=, ,,	

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	T	
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$ 25.0	100
3. Does the offering permit joint ownership of a single unit?	Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual) N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	i	
(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] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	:S	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
<pre>[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NY] [NC] [ND] [OH] [OK] [OR] [PA]</pre>		
[RI] [SC] [SD] [TN] [TX] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	es	
[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] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		

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 \(\sigma\) and indicate in the column below the amounts of the securities of-			
fered for exchange and already exchanged.			
Type of Security	Aggregate Offering Pric		Amount Already Sold
Debt	\$0-	_	\$0
Equity	\$0-	_	\$0
☐ Common ☐ Preferred			•
Convertible Securities (including warrants)	\$0-		\$0_
Partnership Interests	\$_3,400,00)D	\$225,000
Other (Specify)	\$		\$
Total	\$3,400,00	70	\$225,000
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			\$ 225,000
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.	T		5 .11.4
Type of offering	Type of Security		Dollar Amount Sold
Rule 505			\$O
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 ar 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			\$0
Legal Fees			\$ 35,000
Accounting Fees			\$0-
Engineering Fees			\$0-
Sales Commissions (Specify finder's fees separately)			\$0-
Other Expenses (identify)			\$
Total			\$ 35,000
			+

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	IND USE OF	PROCEEDS
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.		
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	\$□	\$
Purchase of real estate	\$0 □	\$
Purchase, rental or leasing and installation of machinery and equipment	\$□	\$ 1,129,000
Construction or leasing of plant buildings and facilities		
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.	\$0□	\$0-
Repayment of indebtedness	\$ <u>350,000</u> □	\$
Working capital	\$□	\$ <u>1,399,16</u> 8
Other (specify)	\$□	\$ 86,832
	\$□	\$ 400,000
Column Totals	\$ <u>350,000</u>	\$ <u>3,015,000</u>
Total Payments Listed (column totals added)	□ \$ <u>.3</u>	<u>,365,00</u> 0
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities a request of its staff, the information furnished by the issuer to any non-accredited investor pursuance.	ind Exchange Com	mission, upon written
Issuer (Print or Type) Signature	Date	
Callabresi Combustion Systems, Inc. Kluykallabres	14-1-0	23
Name of Signer (Print or Type) Title of Signer (Print or Type)		
7 1		

ATTENTION

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes □	No X
See Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice i Form D (17 CFR 239.500) at such times as required by state law.	s filed, a n	otice on
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information issuer to offerees.	n furnishe	d by the
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entit Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the is availability of this exemption has the burden of establishing that these conditions have been satisfied.		
The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed or undersigned duly authorized person.	ı its behalf	by the
Issuer (Print or Type) Signature Date		
Callabresi Combustion Systems, Inc. Kluylallabres 4-1-0	3	<u>.</u>
Name of Signer (Print or Type) Title of Signer (Print or Type)		
Jerry Callabresi President		

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.

APPENDIX

1	2	:	3			4			;
	non-acc invest St	o sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (PartC-Item 1)	aı	Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1				
				Number of Accredited		Number of Nonaccredited		<u> </u>	
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL						·			
AK									
AZ									
AR				ļ	<u> </u>			<u> </u>	
CA	}	ļ	 	ļ		ļ		<u> </u>	<u> </u>
CO				<u> </u>					
CT	 	 	ļ		 	 	ļ	 	
DE	 	 		 		-	 		
DC	 	 	 	 	 				
FL		 		 	 	 	 		
GA	1	 			-			-	
ID					 		 		
IL	-	 	- 	 	 		-	 	
IN	 	+			 		 		 -
IA	1						 		
KS	X	<u> </u>	Partnership 125,000	1	125,00	0 -0-	-0-		X
KY	 ^		123,000		123,00	<u> </u>			1
LA									
ME									
MD									
MA									
MI									
MN									
MS		1							
MO									

APPENDIX

1	2	2	3			4		5	fication	
	invest St	- 1	Type of security and aggregate offering price offered in state (PartC-Item 1)		Type of investor and amound purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors		Number of Nonaccredited Investors	Amount	Yes	No	
MT	103	110		Investors	Amount	Investors	Amount	168	110	
NE								 		
NV			 					 		
NH	†					:		1		
NJ								1	1	
NM								 		
NY				†			 	1	—	
NC		 		†						
ND				1						
ОН								1	†	
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX	Х		Partnership 100,000	1	100,000	-0-	-0-		х	
UT										
VT										
VA										
WA										
WV										
WI										
WY										
PR										