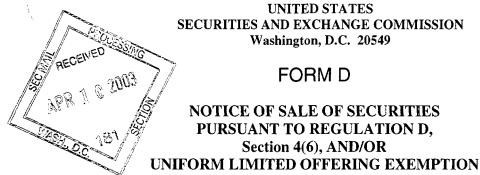
## FORM D



# 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



0076 2005

hours per response

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

Name of Offering (☐ check	if this is an amendr	nent and name has change	ed, and indicate change.	)		
Asset Acquisition and Commo	n Stock Issuance					
Filing Under (Check box(es) th	nat apply):	☐ Rule 504	☐ Rule 505	<b>■</b> Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing:	■ New Filing	☐ Amendment				
		A. BASIC	CIDENTIFICATION	DATA		
1. Enter the information req	uested about the iss	uer				
Name of Issuer (□ check if t	his is an amendmer	nt and name has changed,	and indicate change.)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
NxTrend Technology, Inc.						
Address of Executive Offices		(Number and Stre	eet, City, State, Zip Cod	e) Telephone Num	ber (Including Area Code	2)
5555 Tech Center, Suite 300, C	Colorado Springs, C	O 80919		(719) 590-8940		
Address of Principal Business (if different from Executive Of		(Number and Stre	eet, City, State, Zip Cod	e) Telephone Num	ber (Including Area Code	2)
(Same as above)				(Same as above)		
Brief Description of Business Sales of Software Licenses, Im	plementation Servi	ces and Hardware Produc	ets	<u> </u>		
Type of Business Organization						PROCECCE
	□ lim	ited partnership, already	formed 🔲 o	ther (please specify):		a a root!
☐ business trust	□ lim	ited partnership, to be for	rmed		1	APR 1 1 2002
		Month				
Actual or Estimated Date of In			01		☐ Estimated	THOMSON FINANCIAL
Jurisdiction of Incorporation of		Enter two-letter U.S. Posta CN for Canada: FN for o				" "AANCIAL

### 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.

#### **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.



# A. BASIC IDENTIFICATION DATA

- 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 ma	naging partner of partner	rship issuers.						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Cornell, Michael J.								
Business or Residence Addre	ess (Number and Street, C	City, State, Zip Code)						
5555 Tech Center, Suite 300	, Colorado Springs, CO	80919						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Bishop, Vicki								
Business or Residence Addre	ess (Number and Street, C	City, State, Zip Code)						
5555 Tech Center, Suite 300	, Colorado Springs, CO	80919						
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☑ Director	☑ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Morby, Jacqueline C.								
Business or Residence Addre	ess (Number and Street, C	City, State, Zip Code)		1000 01 100 1				
TA Associates, Inc., 125 Hi	gh Street, Boston, MA 0	2110						
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☑ Director	☑ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Avis, Gregory								
Business or Residence Addre	ess (Number and Street, C	City, State, Zip Code)						
Summit Partners, 499 Hamil	ton Avenue, Suite 200, P	alo Alto, CA 94301		•				
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Entities affiliated with Adver	nt VII, L.P.							
Business or Residence Addre	ess (Number and Street, O	City, State, Zip Code)						
c/o Morby, Jacqueline C., 12	5 High Street, Boston, M	IA 02110						
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Entities affiliated with Sumn	nit Ventures IV, L.P.							
Business or Residence Addre	ess (Number and Street, C	City, State, Zip Code)						
c/o Avis, Gregory, 499 Hami	Iton Avenue, Suite 200,	Palo Alto, CA 94301						
Check Boxes that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Lammle, Guy M.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
10325 Celestial Way, Scottso	dale, AZ 85262							
Check Boxes that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Grogan, Dennis M.								
Business or Residence Addre	ess (Number and Street, C	City, State, Zip Code)						
1066 Blindbrook Dr., Worth	ington, Ohio 43235	<u>,</u>						
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
NuLevel, Inc. (f/k/a Dimasys	s, Inc.)							
Business or Residence Addre	ess (Number and Street, C	City, State, Zip Code)						
c/o Simon, Gary M., 1355 Pi	lot Lane, Copper Canyor	n, TX 75077						

				·B	. INFORM	IATION AB	OUT OFFI	ERING				
1.	Has the issuer se	old, or does the iss	suer intend to	sell, to non	-accredited i	investors in t	his offering?				Yes	No
			Answer	also in App	endix, Colu	ımn 2, if filin	g under ULC	DE.				×
2.	What is the min	imum investment	that will be a	ccepted from	n any indivi	dual?					\$	N/A
3.		g permit joint ow		•	-						Yes	No
		01 3	1	U							×	
4.	similar remuner associated perso dealer. If more for that broker of		on of purchas oker or dealer ons to be liste	ers in conne registered	ection with s with the SEC	ales of secur C and/or with	ities in the o a state or st	ffering. If a pates, list the r	person to be list name of the bro	sted is an oker or		
Non		e first, if individu	al) 									
Busi	iness or Residenc	e Address (Numb	er and Street,	City, State,	Zip Code)							
Nam	ne of Associated	Broker or Dealer										· · · · · · · · · · · · · · · · · · ·
State	es in Which Perso	on Listed Has Soli	cited or Inten	ds to Solici	t Purchasers	*	<del> </del>	<u> </u>			<del></del>	
(Che	eck "All States" o	or check individua	l States)	•••••							C	All States
[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]
[R1]	[SC	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
		e first, if individua		City, State,	Zip Code)						76	
Nam	ne of Associated I	Broker or Dealer					<del> </del>					
State	es in Which Perso	on Listed Has Soli	cited or Inten	ds to Solici	Purchasers				-			
(Che	eck "All States" o	r check individua	States)	•••••	•••••••		••••••	••••••				All States
[AL]	] [AK	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]		[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT			[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last nam	e first, if individua	al)					- "				
Busi	ness or Residenc	e Address (Number	er and Street,	City, State,	Zip Code)							
Nam	ne of Associated l	Broker or Dealer							· · · · · · · · · · · · · · · · · · ·			
State	es in Which Perso	on Listed Has Soli	cited or Inten	ds to Solici	t Purchasers							,
(Che	eck "All States" o	r check individua	States)					***************************************				All States
[AL]	] [AK	] [AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[止]	[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]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

#### 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 \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt ..... Equity ..... \$ \_\_\_\_144,000.00 144,000.00 Common Convertible Securities (including warrants)..... Partnership Interests.... \_\_\_\_) Other (Specify \_ \$ \_\_\_\_144,000.00 \$ \_\_\_\_144,000.00 Total ..... 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 securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 1 \$ 144,000.00 Accredited Investors 0 Non-accredited Investors Total (for filings under Rule 504 only) ..... Answer also in Appendix, Column 4, if filing under ULOE. 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 Dollar Amount Security Sold Type of Offering Rule 505 ..... \$\_\_\_\_\_ Regulation A..... Rule 504 ..... Total ..... 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 Engineering Fees Sales Commissions (specify finders' fees separately) ...... Finders' Fees ..... Other Expenses (Identify) Total ..... 0.00\*

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\*De minimus

			-20075 5	
b. Enter the difference between the aggregate offering price gi	The state of the s			
furnished in response to Part C – Question 4.a. This difference is t	\$	144,000.00		
5. Indicate below the amount of the adjusted gross proceeds to the is shown. If the amount for any purpose is not known, furnish an extotal of the payments listed must equal the adjusted gross proceeds above.	stimate and check the box to the	left of the estimate. The		
		Payment to Officers, Directors, & Affiliates		Payment To Others
Salaries and fees	•••••	□ \$	□ \$	
Purchase of real estate		□ \$	□ \$	
Purchase, rental or leasing and installation of machinery and equipment		□ \$		
Construction or leasing of plant buildings and facilities		□ \$	□ \$	
Acquisition of other businesses (including the value of securities involv	ed in this offering that			
may be used in exchange for the assets or securities of another issuer pu	rsuant to a merger)	□ \$	⊠ \$	144,000.00
Repayment of indebtedness		□ \$	□ \$	
Working capital		□ \$	□ \$	
Other (specify):		□ \$	□ \$	
		□ \$	□ \$	
Column Totals		□ \$	<b>≥</b> \$	144,000.00
Total Payments Listed (column totals added)		≥\$	144,000	
D PE	DERAL SIGNATURE			
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange (non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	authorized person. If this notice is	filed under Rule 505, the fo	llowing si	gnature constitutes
Issuer (Print or Type)	Signature		Date	<u>.</u>
NxTrend Technology, Inc.	Will of Assher			<u></u>
Name of Signer (Print or Type)	Title of Signer (Print or Type)		1	
Vickí Bishop				
Tion Dionop	Treasurer			

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)