FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



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

	OMB Approval					
	on the Number	3235-0076 00, 2001				
		16.00				
ĺ	03055466					
	Prefix	Serial				
	DATE R	ECEIVED				

1173551

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) LIMITED PARTNERSHIP INTERESTS							
Filing Under (Check box(es) that apply):	☐ Rule 506 ☐ Section 4(6) ☐ ULOE						
Type of Filing: New Filing Amendment							
A. BASIC IDENTIFICA	ATION DATA						
1. Enter the information requested about the issuer							
Name of Issuer ( check if this is an amendment and name has changed, and indica L.P.	( <u> </u>						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code): (650) 269-8474						
260 SHERIDAN AVE., SUITE 400, PALO ALTO, CA 94306	260 SHERIDAN AVE., SUITE 400, PALO ALTO, CA 94306						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code): (650) 269-8474							
260 SHERIDAN AVE., SUITE 400, PALO ALTO, CA 94306							
Brief Description of Business: VENTURE CAPITAL FUND							
Type of Business Organization:  Corporation  Imited partnership, already formed  other (please specify):							
□ business trust □ limited partnership, to be formed	other (prease speeny).						
Actual or Estimated Date of Incorporation or Organization  Month  O  3  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevi	Year  O 1  Actual  Essimated APR 16 2003						
CN for Canada; FN for other foreign jurisdiction)  CA  THOMSON FINANCIAL							

#### 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.

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 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 in 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.							
A. BASIC IDENTIFICATION DATA							
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>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;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>							
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	d Street, 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 Address (Number and	d Street, 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):			<del></del>				
Business or Residence Address (Number and	d Street, 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 Address (Number and	d Street, 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 Address (Number and Street, 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 Address (Number and Street, City, State, Zip Code):							
Check Box(es) that apply:  Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner			

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Business or Residence Address (Number and Street, City, State, Zip Code):

Full Name (Last name first, if individual):

B. INFORMATION ABOUT OFFERING														
	1	<del>-</del>	- <u></u>										Yes	No
1. Ha	as the issu	ier sold,	or does t	he issuer	intend to	sell, to	non-accr	edited inv	estors in	this offe	ering?			
Answer also in Appendix, Column 2, if filing under ULOE.														
2. W	hat is the	minimur	n investn	nent that	will be a	ccepted f	rom any	individua	1?				\$	
										Yes	No			
3. Do	es the of	fering pe	rmit join	t ownersl	hip of a s	ingle uni	t?							
ing sal or If	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 N	ame (Las	t name fi	rst, if inc	lividual):	N/A									
Busine	ss or Res	idence A	ddress (N	Number a	and Street	, City, S	State, Zip	Code):						
Name	of Associ	ated Bro	ker or De	ealer:										
	in Which							chasers.					All States	
[AL]	: "All Sta [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	 [ID]	An others	
[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 N	ame (Las	t name fi	rst, if inc	dividual):								=		
Busine	ss or Res	idence A	ddress (N	Number a	and Street	, City, S	State, Zip	Code):						
Name	of Associ	ated Bro	ker or De	ealer:										
	in Which "All Sta							chasers.					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]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	<u> </u>	
	ame (Las													
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)									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]		
[RI]	[SC]	[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 \( \square\$ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.	-	
	Type of Security  Debt	Aggregate Offering Price \$0	Amount Already Sold \$0
	Equity	\$0	\$0
	Common Preferred	Ψ	φ0
		Φ0	<b></b>
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$501,250	\$501,250
	Other (Specify)	\$0	<b>\$0</b>
	Total	\$501,250	\$501,250
	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."		
	A councilised Tourseasure	Number of Investors	Aggregate Dollar Amoun of Purchases
	Accredited Investors	9	\$501,250
	Non-accredited Investors	N/A N/A	\$N/A \$N/A
	Answer also in Appendix, Column 4, if filing under ULOE	IV/A	Φ1 <b>3</b> / P <b>3</b>
2			
Э.	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, 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		<b>э</b>
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		\$0
	Printing and Engraving Costs		<b>\$0</b>
	Legal Fees		\$5,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (Specify finder's fees separately)		\$0
	Other Expenses (identify) Blue Sky	$\boxtimes$	\$800
	Total	$\boxtimes$	\$5.800

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	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS				
(		gregate offering price given in response to Part C - in response to Part C - Question 4.a. This difference is r."		\$_495,450			
u e e	sed for each of the purposes shown. If stimate and check the box to the left of	ed gross proceeds to the issuer used or proposed to be the amount for any purpose is not known, furnish an of the estimate. The total of the payments listed must e issuer set forth in response to Part C - Question 4.b					
			Payments to Officers, Directors, & Affiliates	Payments to Others			
	Salaries and Fees		\$ 4,425 \[ \]	\$ 0			
			\$ 0	\$ \$ 0			
		allation of machinery and equipment	\$ 0	\$_0 \$ 0			
		ildings and facilities	\$ 0	\$_0 \$ 0			
	offering that may be used in excha pursuant to a merger	ncluding the value of securities involved in this ange for the assets or securities of another issuer	\$_0 □ \$_0 □	\$_0_ \$_0			
	Working capital		\$_0 <del></del>	\$ 491,225			
	Other (specify)			· /			
			\$_0	\$0			
	Column Totals		\$_0	\$_491,225_			
	Total Payments Listed (column total	als added)	□ \$49       □       □       □       □       □	1,225			
	I	D. FEDERAL SIGNATURE					
the	following signature constitutes an unde ten request of its staff, the information	e signed by the undersigned duly authorized person. If extaking by the issuer to furnish to the U.S. Securities furnished by the issuer to any non-accredited investor p	and Exchange Co	ommission, upon			
Issu	er (Print or Type)	Signature Date					
	KSTONE VENTURE PARTNERS PORTUNITY FUND, L.P.	Frakkle 12-	30-02				
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)					
Frai	Frank R. Robles General Manager of OakStone Venture Partners, LLC, General Partner						

# **ATTENTION**

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