FORM D

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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: May 31, 2005 Estimated average burden hours per response . . . 1.00

SEC USE ONLY					
Prefix	Serial				
1	1				
DATE	RECEIVED				
1	1				

Name of Offering TELS I, LLC (the "Issuer")		an amendment	and name has chan	ged, and indicate ch	nange.)	
Filing Under (Check box(es)		☐ Rule 504	□ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
	that apply).	La Traie 304	L Nuic 303	E Nuie 300	□ 0ection 4(0)	2 0000
Type of Filing:	New Filing	☐ Ar	nendment			
		A. BAS	SIC IDENTIFICATIO	N DATA		
			<u>(6.12) 23 Philosophia 2</u>			
Enter the information reques	sted about the issu	er ————				
Name of Issuer	(check if	this is an amend	ment and name has	changed, and indic	ate change.)	
TELS I, LLC	•				• .	03055827
Address of Executive Office	s (Numbe	r and Street City	, State, Zip Code)	Tele	phone Number (Incl	uding Area Code)
780 Third Avenue, New Yo			, otato, zip oodo,	· ·	418-6000	,
Address of Principal Busines	ss Operations (Nu	mber and Street.	City, State, Zip Cod	e) Tele	phone Number (Incl	uding Area Code)
(if different from Executive C			5.1, 5.1.1.5, <u>-</u> .p 5.55	· · · · · · · · · · · · · · · · · · ·	ne as above	ounig / woo obdo/
Brief Description of Busines	s					
To invest substantially in		sitions in comn	non stocks.			PROCESSED
Type of Business Organizat	ion					
corporation			rtnership, already fo		other (please spec	
business trust		limited pa	rtnership, to be form	ed Lir	nited Liability Compa	any At 1 2 1 2003
Actual or Estimated Date of	Incorporation or O	rganization:	Month/Year	_	_	THOUSEON
			December 2001			nated THOMSON FINANCIAL
Jurisdiction of Incorporation	or Organization:	•	r U.S. Postal Servic			
		 CN for Canada 	 EN for other foreign 	n jurisdiction)	DF	

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, it 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 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 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.

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 OI/B control number.

	A BASIC IDENT	IFICATION DATA		
 Enter the information requested for the fetach promoter of the issuer, if the issuer, if the issuer beneficial owner having the proof the issuer; Each executive officer and director Each general and managing partner 	ssuer has been organized wit ower to vote or dispose, or di of corporate issuers and of co	rect the vote or disposition of		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) Twenty-First Advisers, Inc. (the "Managing	g Member'')			
Business or Residence Address (Numb 780 Third Avenue, New York, New York 10	er and Street, City, State, Zip 0017	Code)		
Check Box(es) that Apply: 回 Promoter	.□ Beneficial Owner:	☐r Executive Officer	.⊠ Director	☐ General and/or
Full Name (Last name first, if individual) Koffler, Peter		Ayla ya		
Business or Residence Address (Numb c/o Twenty-First Advisers, Inc., 780 Third	er and Street, City, State, Zip Avenue, New York, New Yo			REDIT CONTRACTOR
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Gordon, Robert N.				
Business or Residence Address (Numb c/o Twenty-First Advisers, Inc., 780 Third	er and Street, City, State, Zip Avenue, New York, New Yo			
Check Box(es) that Apply D Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				r trees
Business or Residence Address : (Numb	er 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 (Numb	er and Street, City, State, Zip	Code)		
Check Box(es) that Apply ☐ Promoter	□ Beneficial Owner	□ Executive Officer	Director 2	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	The state of the s			n alle.
Business or Residence Address (Numb	er and Street, City, State, Zir	Code)		

Control Capital Language				В.	INFORM	ATION AE	OUT OFF	ERING			5771 - T	Security of the security of th
1.	Has the issue	er sold, or d							ering?	***************************************		
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									\$* 1	区 1,000,000	
(* Subject to waiver by the General Partner.)												
3.	Does the offe	ring permit	joint owner	snip of a s	ingle unit?.	••••••			• • • • • • • • • • • • • • • • • • • •		Yes ⊠	s 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 s	tates, list th	ne name o	f the broke	r or dealer	. If more t	han five (5)) persons t	o be listed		
Full	associated pe				, you may	set forth the	e informatio	on for that b	roker or de	aler only.		
Twe	enty-First Se	curities C	orporation	<u> </u>								
	iness or Resi Third Avenu					State, Zip	Code)					
	ne of Associa			OIK 1001	<u></u>							
								-		<u></u>		
Stat	es in Which I					Solicit Purc	chasers					
	•		or check i		•	r cm3	(T) T)	(T) (C)	577 3	50.13		All States
[AL]:		[AZ]x [IA]x	[AR]x [KS]x	[CA]x [KY]x	[CO]x	[CT]x	[DE]x [MD]x	[DC]x	[FL]x [MI]x	[GA]x	[HI]x	[ID]x
[IL]x [MT]		[NV]x	[NH]x	[NJ]x	[LA]x [NM]x	[ME]x [NY]x	[MD]x [NC]x	[MA]x [ND]x	[MI]X [OH]x	[MN]x [OK]x	[MS]x [OR]x	[MO]x [PA]x
[RI]x		[SD]x	[TN]x	[TX]x	[UT]x	[VT]	[VA]x	[WA]x	[WV]x	[WI]x	[WY]x	[PR]x
	Name (Last	name first,	if individua	al)		-						
	·											
Bus	iness or Resi	dence Ado	dress (Num	iber and S	treet, City,	State, Zip	Code)					
Nan	ne of Associa	ted Broker	r or Dealer									
Stat	es in Which I	Person Lis	ted Has So	licited or I	ntends to	Solicit Purc	hasers					
	(Check '	'All States'	" or check i	ndividual S	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] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	Name (Last											
Bus	iness or Resi	idence Ado	dress (Num	ber and S	treet, City,	State, Zip	Code)					
Non	ne of Associa	tod Proko	r or Doglor									
ivai	TIE OF ASSOCIA	ilea biokei	o Dealei									
Stat	es in Which I	Person Lis	ted Has So	licited or I	ntends to	Solicit Puro	chasers			,	····	
	(Check '	'All States'	or check i	ndividual S	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] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [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 □ and indicate the columns below the amounts of the securities offered for exchange and already exchanged.	A		A
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt\$	<u>0</u>	\$	<u>0</u>
	Equity:\$ Common Preferred	<u>(</u>) \$	<u>0</u>
	Convertible Securities (including warrants):	<u>(</u>		0
	Partnership Interests\$ Other (Specify Limited Liability Company Interests)\$	<u>0</u> 1,000,0 <u>0</u> 0,000(a		<u>0</u> 9,000,000
	Total\$	1,000,000,000(a		9,000,000
	Answer also in Appendix, Column 4, 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."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>6</u>	\$	9,000,000
	Non-accredited Investors	<u>0</u>	\$	<u>o</u>
	Total (for filings under Rule 504 only)	N/A	\$	<u>N/A</u>
	Answer also in Appendix, Column 3, 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	<u>N/A</u>	\$	<u>N/A</u>
	Regulation A	N/A	\$ \$	N/A
	Rule 504	<u>N/A</u> N/A	\$ \$	<u>N/A</u> N/A
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.		•	<u></u>
	Transfer Agent's Fees	X	\$	0
	Printing and Engraving Costs	X	\$	<u> </u>
	Legal Fees	X	\$	<u>45,000</u>
	Accounting Fees	X	\$	<u>0</u>
	Engineering Fees	X	\$	ō
	Sales Commissions (specify finders' fees separately) Other Expenses (Filing Fees)	区 区	\$	<u>5,000</u>
	Total	X	\$	<u>50,000</u>
(2)	Open anded funds maximum aggregate offering amount			

(a) Open ended fund; maximum aggregate offering amount.

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSE	S AND L	JSE OF P	ROCE	EDS	3	· · · · · · · · · · · · · · · · · · ·
1 and	ter the difference between the aggrega total expenses furnished in response to proceeds to the issuer."	ce is the "adjusted				\$	999,950,000	
for eac check	te below the amount of the adjusted gro ch of the purposes below. If the amoun the box to the left of the estimate. The proceeds to the issuer set forth in respo	t for any purpose is not known, furnish total of the payments listed must equa	an estima	ate and				
				Paymen Office Director Affiliat	rs, ·s, &			Payments to Others
Sal	aries and fees		X	\$	<u>o</u>	X	\$	<u>0</u>
Pur	chase of real estate		×	\$	<u>o</u>	X	\$	<u>0</u>
Pur	chase, rental or leasing and installation	of machinery and equipment	X	\$	<u>o</u>	X	\$	<u>o</u>
Cor	nstruction or leasing of plant buildings a	nd facilities	X	\$	<u>0</u>	\boxtimes	\$	<u>0</u>
offe	quisition of other businesses (including tering that may be used in exchange for user pursuant to a merger)	he assets or securities of another	X	\$	<u>0</u>	×	\$	<u>0</u>
Rep	payment of indebtedness		X	\$	<u>o</u>	X	\$	<u>0</u>
Wo	rking capital		×	\$	<u>o</u>	X	\$	<u>0</u>
Oth	er (specify): Portfolio Investments		X	\$	<u>o</u>	X	\$	999,950,000
Col	umn Totals	.,,,,,	X	\$	<u>o</u>	X	\$	999,950,000
Tot	al Payments Listed (column totals adde	d)	X		\$ <u>99</u>	99,95	50,0	00
		D. FEDERAL SIGNATURE						
ollowing s	has duly caused this notice to be sign signature constitutes an undertaking by its staff, the information furnished by the	the issuer to furnish to the U.S. Se	curities a	nd Exchan	ige Co	mmis	sior	n, upon written
ssuer (Pri	int or Type) LC	Signature We Hell		Date 4/9	103			
Name (Pri Peter Kof	nt or Type) fler	Title o∜Signer (Print or Type) Director of the Managing Mer	nber	7//				
			nber					

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