FORM D SCENIED CONTROL (ST)

UNITED STATES
SECURITIES AND EXCHANGE
Washington, D.C. 205



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umber: 3235-0076 : November 30, 2001 ed average burden er response....... 16.00

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

FORM D

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					
1	1 .					

Name of Offering (check if thi	is is an amendment and name has changed, and indicate change.)						
150,000 LP Units							
Filing Under (Check box(es) that appl	ly):	LOE					
Type of Filing: New Filing	Amendment						
	A. BASIC IDENTIFICATION DATA						
1. Enter the information requested ab							
	s an amendment and name has changed, and indicate change.)						
Hartman Products, L.P.							
Address of Executive Offices	(Number and Street, City, State, Zip Code) Telephone Number (Include	ng Area Code)					
103 Emily Drive, Pittsburgh, PA 15215 412/968-5774							
Address of Principal Business Operati	ions (Number and Street, City, State, Zip Code) Telephone Number (Including	ing Area Code)					
(if different from Executive Offices)							
Brief Description of Business							
manufacture and sale of retaining v	walls						
	· · · · · · · · · · · · · · · · · · ·						
		BOACECCEN					
Type of Business Organization		THE STATE OF THE S					
corporation	☑ limited partnership, already formed ☐	ADD 1 = 2002					
business trust	limited partnership, to be formed other (please specify):	APR 15 2003					
business trust		77/70/201					
	Month Year	THOMSON FINANCIAL					
Actual or Estimated Date of Incorporation or Organization: 1 2 0 2 Actual Estimated							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
•	CN for Canada; FN for other foreign jurisdiction) P A	<u>\</u>					

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.

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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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized with 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 Owner ☐ Executive Officer ☐ Director □ General and/or Managing Partner Full Name (last name first, if individual) Hartman Products, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 103 Emily Drive, Pittsburgh, PA 15215 Director Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (last name first, if individual) Hartman, Bruce Business or Residence Address (Number and Street, City, State, Zip Code) 103 Emily Drive, Pittsburgh, PA 15215 ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Beneficial Owner General and/or Managing Partner Full Name (last name first, if individual) Hill, George Business or Residence Address (Number and Street, City, State, Zip Code) 103 Emily Drive, Pittsburgh, PA 15215 Check Box(es) that Apply: □ Promoter Beneficial Owner ■ Executive Officer Director ☐ General and/or Managing Partner Full Name (last name first, if individual) Cicolini, Nicholas Business or Residence Address (Number and Street, City, State, Zip Code) 103 Emily Drive, Pittsburgh, PA 15215 Check Box(es) that Apply: Promoter ■ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (last name first, if individual) Berberich, Guy Business or Residence Address (Number and Street, City, State, Zip Code) 103 Emily Drive, Pittsburgh, PA 15215 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (last name first, if individual) Intrieri, Frank Business or Residence Address (Number and Street, City, State, Zip Code) 103 Emily Drive, Pittsburgh, PA 15215 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)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. Ii	NFORMAT	ION ABO	UT OFFE	RING				
 											Yes	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									\boxtimes			
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									25,000			
3. Does the offering permit joint ownership of a single unit?								Yes ⊠	No □			
										any commis-		
to b list	oe listed is a the name of	an associate f the broker	d person or or dealer.	agent of a If more tha	broker or de	ealer registeersons to b	ered with th e listed are	e SEC and/	or with a st	If a person ate or states, uch a broker		
	last name fir					dealer only	•					·
•	N/A	ot, 11 11011101)									
		ddress (Num	ber and Stre	et. City. Stat	e, Zip Code)							
2				,, ,	o, D .p ecoto)							
Name of Ass	sociated Bro	ker or Dealer	r									
States in Wh	nich Person L	isted Has So	olicited or Int	ends to Soli	cit Purchaser	S						
(Check	"All States"	or check ir	ndividual Sta	ites)						•••••	□ A	All States
□AL	□AK	□AZ	□AR	□CA	□со	□ст	DE	DC	□FL	□GA	□ні	□ID
□IL	□IN	ΠIA	□KS	□KY	□LA	. ME	□MD	□MA	□MI	□MN	□MS	□мо
□мт	□NE	□NV	. NH	□NJ	□NM	□NY	□NC	□ND	□он	□ок	OR	□PA
RI	□sc	□SD	□TN	□TX	UT	□VT	□'VA	□WA	Wv	WI	□WY	□PR
Full Name (I	last name firs	st, if individu	ıal)									•
	D : 1 4	11 01		- G': - G	5 : 6 1)							
business or	Residence A	aaress (Num	iber and Stre	et, City, Stat	e, Zip Code)							
Name of Ass	sociated Brol	ker or Dealer							<u>. </u>			
States in Wh	ich Person L	isted Has Sc	olicited or Int	ends to Solid	cit Purchasers							
											□ A	All States
□AL	□AK	□AZ	□AR	□CA	□co	□ст	DE	□DC	□FL	□GA	□ні	□ID
_ □IL	□IN	□IA	_ □ks	□KY	_ □LA	_ □ME	□MD	□МА	□MI	_ □mn	□MS	□мо
□MT	□NE	□NV	□NH	□NJ	□NM	□NY	- □NC	□ND	□он	□ок	OR	□РА
□RI	□sc		□TN	□TX	UT	VT	□VA	□WA	□wv	□WI	□WY	☐ PR
Full Name (I	last name firs	st, if individu	ıal)									
Business or I	Residence A	ddress (Num	ber and Stree	et, City, State	e, Zip Code)		•					
Name of Ass	sociated Brol	ker or Dealer	•								4	
States in Wh	ich Person L	isted Has So	licited or Int		it Purchasers							
							•••••				□ A	Il States
□AL	□AK	□AZ	□AR	□CA	□co	□ст	DE	□DC	□FL	□GA	□ні	□ID
	□IN	□IA	_ □ks	□KY	□LA	□ме	□MD	□ма	□MI	_ □MN	□MS	□мо
□MT	□NE	□NV	□NH	□NJ	□NM	□NY	□NC	□NĐ	□он	□ок	OR	□PA
□RI	□sc	\square SD	\Box TN	\Box TX	□UT	□VT	□VA	□WA	\square WV	□wi	\square WY	□PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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 officer for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt Equity ☐ Common ☐ Preferred Convertible Securities (including warrants)..... \$__300,000 25,000 Partnership Interests.... _____) Other (Specify _ Total 300,000 25,000 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." Aggregate Number Dollar Amount Investors of Purchases 25.000 Accredited Investors 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. Dollar Amount Type of Type of offering Security Sold Rule 505 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 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 5,000 Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other (Specify filing fees, copying, misc.)

Total

1,000

6.000

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EX	(PENSES AND	USE O	F PROCEE	DS	
	b. Enter the difference between the aggregate offering price given in response tion 1 and total expenses furnished in response to Part C - Question 4.a. The "adjusted gross proceeds to the issuer."	is difference is	the		\$	294,000
	Indicate below the amount of the adjusted gross proceeds to the issuer used used for each of the purposes shown. If the amount for any purpose is not estimate and check the box to the left of the estimate. The total of the paymen the adjusted gross proceeds to the issuer set forth in response to Part C – Question of	known, furnish ts listed must eq	an			
			Off Direc	nents to icers, ctors, & iliates		Payments To Others
	Salaries and fees		\$		□ s _	
	Purchase of real estate		\$		□ s_	
	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 involved in thi offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		¢			,
	Repayment of indebtedness					
	Working capital					294,000
		_	٠	\	ച ⊅_	294,000
	Other (specify):				•	
			•			
	Column Totals		\$		□ \$_	
	Total Payments Listed (column totals added)		×	\$ 294,0	00	
	D. FEDERAL SIGNAT	URE				
follo	issuer has duly caused this notice to be signed by the undersigned duly autowing signature constitutes an undertaking by the issuer to furnish to the U st of its staff, the information furnished by the issuer to any non-accredited	.S. Securities ar	nd Excha	nge Commis	sion,	upon written re
lssu	er (Print or Type) Signature			Date		
	man Products, L.P. Burg Hartm	8		4-3-0	23	
Nan	ne of Signer (Print or Type) Title of Signer (Print or Type)			· · · · · · · · · · · · · · · · · · ·		
Brud	President of corp. G.P.					
						

ATTENTION-