1231326

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** 

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OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005

Estimated average burden

hours per response .....16.00

SEC	CUSE ON	NLY
Prefix		Serial
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DA	TE RECEIVE	D

UNIFORM LIMITED OFFERING EXEM	MPTION
Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  Royalty Pool Offering	
Filing Under (Check box/es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	(6) ULOE
A. BASIC IDENTIFICATION DATA	MAY 10 30 2003
1. Enter the information requested about the issuer	\$4.00 (c)
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Conversay Royalty Pool, LLC	80/49
Address of Executive Offices (Number and Street, City, State, Zip Code) 15375 NE 90th Street, Redmond, WA 98052	Telephone Number (including Area Code) 425-636-0712
Address of Principal Business Operations (Number and Street, City. State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	- O FEE
Distributes royalty payments for software licenses	PROCESSE
	or (please specify):  MAY 0 7 2003  ited liability company
Month Year	Estimated FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	O 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 and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given 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.

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	AT	TE	NT	ION
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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 predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who 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.

1 of 9



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</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>	`the issuer.
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)	
WCN/General Partners	
Business or Residence Address (Number and Street, City, State, Zip Code) 660 East Broadway, Jackson, WY 83002	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Thomas L. & Carol Ann Crow	
Business or Residence Address (Number and Street, City, State, Zip Code)	
2681 Idle Hour Lane, La Jolla, CA 92307	
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  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  Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

				В	. INFORM	ATION AB	OUT OFFE	RING				
I . Has the	e issuer so	ld, or does					ed investors		-	**********	Yes	No <b>X</b>
2. What is	s the minir	num inves					vidual?	-			S N/A	<i>t</i>
						•					Yes	No
commis If a pers or states	ssion or sin son to be li s, list the n	nilar remur isted is an a ame of the	eration for issociated p broker or d	solicitation erson or ag lealer. It m	n of purcha gent of a br ore than fiv	sers in con oker or dea e (5) perso	Il be paid on the paid on the paid on the paid of the	h sales of s ed with the ted are asse	ecurities in SEC and/	n the offeri or with a s	ng. tate	
Full Name	(Last nam	ne first, if ir	idividual)					·				
N/A						<u> </u>		1. 1.		<u> </u>	*	
Business of	or Residence		(Number a			Zip Code)						
Name of A	Associated	Broker or	Dealer						······································			
<u> </u>	171 1 D	7 1	TT 0 11 14	1 1.	1 ( 0 1	* * * * * * * * * * * * * * * * * * *						
			Has Solicit				ers					All States
[AL]	[AK]	[AZ]	[AR] [KS]	[CA]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[ IL ] [MT]	[ IN ] [NE ]	[ IA] [NV]	[NH]	[KY] [NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[ RI ]	[SC]	[ SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ PR]
		e first, if ir	dividual) (Number a	and Street,	City, State	, Zip Code	e)					
Name of A	Associated	Broker or	Dealer			**				•		
States in V	Which Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers	<u> i </u>		· · · · · · · · · · · · · · · · · · ·		
(Chec	k "All Stat	tes" or chec	k individua	l 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]
		[NV]					[NC]					[PA]
[ RI ]	[SC]	[ SD]	[ TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first. if in	dividual)									<del></del>
Business of			(Number a									
				4								
Name of A	Associated	Broker or	Dealer			to m.						
States in V	Which Pers	son Listed	Has Solicit	ed or Inter	nds to Solic	it Purchas	ers	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
(Chec	k "All Stat	tes" or chec	k individua	al 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]

•	OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS		
1 .	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the 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 offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pri		Amount Already Sold
	Debt	e		\$
	Equity.			
	Common Preferred	Φ	_	J
	Convertible Securities (including warrants)	¢		c
	Partnership Interests.			
	Other (Specify Membership Interests			
	Total			
	Answer also in Appendix, Column 3. if filing under ULOE.	J		3
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 "O" if answer is *'none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors,	8		\$ <u>138,473</u>
	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.			·
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	•		Solu
	Regulation A		_	s
	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 insurer. 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.		1.5	
	Transfer Agent's Fees		П	\$
	Printing and Engraving Costs			S
	Legal Fees.			\$
	Accounting Fees		$\overline{\Box}$	S
	Engineering Fees		$\Box$	\$

**∑** S 0 ·

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

Total

	ODVERING PRICE, NUMB	ber of investors, expenses and use of th	ROCKEDS	
	and total expenses flaminated in response to Part C-	rting price given in response to Part C—Question 1—Question 4.a. This difference is the "adjusted gross		£250,000
_				\$230,000
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for at check the box to the left of the estimate. The total opposeds to the issuer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to Popular to the insurer set forth in response to the insurer set forth insurer set forth insurer set forth insurer set forth in response to the insurer set forth insu	ry purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross		
			Payments to Officers.	
			Directors, & Affiliates	Payments to Others
	Salaries and fees,		s	. 🗆 \$
			_	
	Purchase, rental or leasing and installation of ma-	rhinen:	<b>-</b>	_
	and equipment			
	'parameterson or scenniff or biggs occurrings filler the	unities	s	. 🗆 \$
	Acquisition of other businesses (including the va offering that may he made in machinese for the sea	erte de recurities de another	<b>-</b> .	
			_	
		·····		
		······	_	
	Other (specify): Tructure of revally rights	1 1	<u>]</u> }	Z Z SZATÝKKY
		16114	<b>7</b> \$	. 🗆 \$
	Column Totals	Г	<b>קר</b>	□\$
	Total Payments Listed (column totals added)	(**************************************	SE \$ 25	0,000
		D. FEDERAL SIGNATURE		
igi	sature constitutes an undertaking by the issuer to fu	the undersigned duly authorized person. If this notice unish to the U.S. Securities and Exchange Commiss radited investor pursuant to paragraph (b)(2) of Rule	ion, upon writter	
ı	er (Print or Tyre)	Signature	Date	
	nvising rugally root, LLC	7- Dean Budgere	5.2	25
	ne of Signar (Print of Type)	Title of Signer (Frim or Type)		
	Dean Hubbard	Acting Corporate Secretary of Manager		

F. Dean Hubbard

5097642309

		e. State signatu	RE		
t.	Provisions of such rule?			44	Yes No
	See	Appendix, Column 5, for ste	ate response.		
2.	The undersigned issuer hereby undertakes to fir D (1.7 CFR 239.500) at such times as required		of of any store in wi	hìch Uns notice is filed	l a notice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administ	rators, upon writter	n request, information	n furnished by the
4.	The undersigned issues represents that the use limited Offering Exemption (ULOF) of the stablishing courages of establishing	ne in which this notice is file	il and understands t		
The iss	er has read this notification and knows the content il	us to pe स्थान ज्ञान प्राप्त कार्य प्राप्त प्राप्त रहा।	each thir motion to be	n nigonad i 14 d 1 Api,	سارياسىلىنى بالار
Issuer (	Print or Type)	Signature		Date	,
Conve	rsay Royalty Pool, LLC	7- Dean Hul	Ulerl	5-2-0	3
Name (	Print or Type)	Title (Print or Type)			

Tide (Prior or Type)

Acting Corporate Secretary of Manager

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.

				AF	PENDIX				
. 1	Intend to non-ac	to sell coredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		X							X
AK	,	X		0.5			·		X
AZ		X	Membership Interest	2	9,254	0			X
AR	1866 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<b>X</b>							X
CA	** ;	X	Membership Interest 39,585	** - 1 m *** : * * * * * * * * * * * * * * * *	39,585	0	<u> </u>		X
со	* *	X	a sa hiji a sa galipadi a sa sa sa sa sa			al .			X
СТ		×					<u> </u>		X
DE		X	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<u></u>		X
DC		X	e de solo de la companya de la comp	en e			1		X
FL		X	and the second second	Land Land to the standard					X
GA		X	Membership Interest	1	5,000	0			X
HI		X		LL	ar a a a				X
ID		×					1		X
IL		X		y 1 1					X
IN		×	Membership Interest 2,872						X
IA		×							X
KS		X							X
KY		×			3				X
LA		X							X
ME		×		41			····		X
MD		×		Annual Control					X
MA		×		=					
MI		×							×
MN		×					- 1/2		X
MS	-	X							X
			1		l	<u>.</u>		<u> L</u>	1

				AII.	ENDIX						
Į.	Intend	I to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)		
State Yes No Number of Accredited Investors Amount	Yes No			Number of Non-Accredited Investors	Amount	Yes	No				
МО		X		Action to the second se					×		
MT		X							X		
NE		X		10. 10. 10. 10. 10. 10. 10. 10. 10. 10.					X		
NV		X	Membership Interest 122,688	0	0.	0			X		
NH		X	20 (10 m)	glari samona	and the same of th				X		
NJ		X	en and the second of the secon	andari share e dalar ria da ni matan da		The second secon			X		
NM		X							X		
NY		X							X		
NC		X							X		
ND	!	X		to the second					X		
ОН		X					'		X		
OK		X							X		
OR		X	Membership Interest 39,103	0	0	0			×		
PA		X			an a da				X		
RI		X							X		
SC		X							X		
SD	*****	X					,		X		
TN		<b>X</b>		g					X		
TX		X							×		
UT		X							X		
VT		X							X		
VA		X				1.0°			X		
WA		X	Membership Interest 73,465	2	3,124	0			X		
wv	-	X	103,700		- <b>,</b> ;				X		
WI		×							X		

,				APP	ENDIX				
1		2 I to sell ccredited	Type of security and aggregate offering price		Type of investor and amount purchased in State (Part C-Item 2)				
	investor (Part B	s in State Item 1)	offered in state (Part C-Item 1)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		X	Membership Interest 81,494	2	81,493.56	0			X
PR		X							X