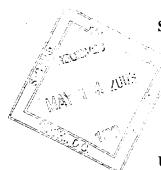
1233281

SEC 1972 (6-02)

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.

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.



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



PROCESSED MAY 16 2003

THOMSON

Name of Offering ([] check if this is an amendment at Membership Units of PTI ACQUISITION, LLC		te change.)
Filing Under (Check box(es) that Apply): [X] Rule 504 [] Rule 504	<u>ule 505</u> [] <u>Rule 506</u> [] Section	4(6) [] ULOE
Type of Filing: [X] New Filing [] Amendment		
A. BASIC IDEI	NTIFICATION DATA	
Enter the information requested about the issuer		
Name of Issuer ([] check if this is an amendment at PTI Acquisition, LLC	nd name has changed, and indicate	e change.)
Address of Executive Offices (Number and Street,	City, State, Zip Code)	Telephone Number (Including Area Code)
3909 Research Boulevard, Beavercreek Ohio	45430	(937) 429-1100
Address of Principal Business Operations (Number (if different from Executive Offices)	and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Acquisition of a business which manufacture	s and sells plastic trim parts for the	automobile industry.

Type of Business Organization	1					
[] corporation	[] limited partnership, alre	X] other (plea] other (please specify):		
[] business trust	[] limited partnership, to b	e formed		limited liability	y company
			Month	Year		
Actual or Estimated Date of In	corp	ooration or Organization:	[0]4]	[0]3]	[X] Actual	[] Estimated
Jurisdiction of Incorporation or	Or <u>í</u>	ganization: (Enter two-lette CN for Canada; FN				or State: [O][H]

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 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, and 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.

A. BASIC IDENTIFICATION DATA

2. 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 managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X]Benefic Owner		[] Director [] General and/or Managing Partner
Full Name (Last name Mercurio, C. V	•			
	Address (Number and Street, obad, Beavercreek, OH 45434	City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [X]Benefic Owner	• • • • • • • • • • • • • • • • • • • •	[] Director [] General and/or Managing Partner
Full Name (Last name Keighley, Joh	า A.			
Business or Residence	Address (Number and Street, 0	City, State, Zip Code)		
411 Stonehav	en Road, Dayton, OH 45429	·		
Check Box(es) that Apply:	[] Promoter [X]Benefic Owner	ial [X] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	first, if individual)			
Depaulis, Otto	A.	***************************************		********************************
	Address (Number and Street, Ccreek Drive, Plymouth, MI 481			
Check Box(es) that Apply:	[] Promoter [] Beneficia Owner	al [] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name	first, if individual)			
Business or Residence	Address (Number and Street, C	City, State, Zip Code)		·
Check Box(es) that Apply:	[] Promoter [] Beneficial	al [] Executive Officer	[] Director []	X] General and/or Managing Partner
Full Name (Last name	first, if individual)			
Business or Residence	Address (Number and Street, C	City, State, Zin Code)		
	Addition (Hallings and Ottool, C	ing, oraco, zip oode)		

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

				E	B. INFO	RMATIO	N ABOU	Γ OFFER	ING			
1. Has		ier sold, (or does th	ne issuer	intend to	sell, to r	on-accre	dited inv	estors in	this	Yes [X]	No []
			,	Answer a	ilso in Ap	pendix, C	Column 2	, if filing (ınder UL	OE.		
2. Wh	2. What is the minimum investment that will be accepted from any individual?\$ 5,000											5,000
3. Doe	s the off	ering per	mit joint	ownershi	p of a sin	gle unit?			•••••		Yes [X]	No []
directly connec person the nar	or indirection with or agent ne of the	ectly, any sales of t of a bro broker o	requeste commis securitie ker or de or dealer. er, you m	sion or si s in the c aler regis If more	imilar ren offering. I stered wit than five	nuneration If a person In the SE0 (5) person	n for soli in to be li C and/or ons to be	citation o sted is ar with a sta listed are	f purchas associa ate or sta associa	sers in ted tes, list ted perso	ons	
Full Na	me (Las	t name fi	rst, if indi	vidual)						. , . ,		
Busine	ss or Re	sidence A	Address (Number	and Stree	et, City, S	itate, Zip	Code)				
Name (of Assoc	iated Bro	ker or De	aler						*****************		
			Listed Ha							[]	All State	:s
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Las	t name fi	rst, if indi	vidual)								
Busines	ss or Re	sidence A	\ddress (Number a	and Stree	et, City, S	tate, Zip	Code)		*****************		
Name o	of Associ	ated Bro	ker or De	aler								************
			Listed Ha check in							[]	All State	s
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]
	•		rst, if indi	,								
			\ddress (I									· · · · · · · · · · · · · · · · · · ·
Name o	of Associ	ated Bro	ker or De		•••••							
Ctotos		Doross	l isted Ha	o Colieia		ndo to 0	diait Dur-	hacara				

[DE]

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[CT]

[ME]

[NY]

[VT]

[] All States

[GA]

[MN] [OK] [WI] [HI] [MS]

[OR] [WY]

[FL] [MI] [OH] [WV] [ID] [MO] [PA] [PR]

(Check "All States" or check individual States)

[CA] [KY] [NJ] [TX] [CO] [LA] [NM] [UT]

[AR] [KS] [NH]

[TN]

[AL]

[IL] [MT] [RI] [AK]

[IN]

[NE]

[SC]

[AZ]

[IA] [NV]

[SD]

(Use blank sheet, or copy and use additional	copies of this sheet, as	necessary.)
C. OFFERING PRICE, NUMBER OF INVESTORS	S, EXPENSES AND USE O	OF PROCEEDS
1. Enter the aggregate offering price of securities included in this and the total amount already sold. Enter "0" if answer is "none" or If the transaction is an exchange offering, check this box and indic The columns below the amounts of the securities offered for exchand already exchanged.	r "zero". ate in	
Type of Security Debt Equity [] Common [] Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify Membership Units in LLC Total Answer also in Appendix, Column 3, if filing under ULOE	Aggregate Offering Price \$ \$ \$ \$ \$ 1,000,000 \$ 1,000,000	Amount Already
2. Enter the number of accredited and non-accredited investors wipurchased securities in this offering and the aggregate dollar amoutheir purchases. For offerings under Rule 504, indicate the number persons who have purchased securities and the aggregate dollar at of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines.	unts of er of amount or "zero". Number Investors 3 0 3	Aggregate Dollar Amount of Purchases \$ 855,000 \$ 0 855,000
Answer also in Appendix, Column 4, if filing under ULOB 3. If this filing is for an offering under Rule 504 or 505, enter the in requested for all securities sold by the issuer, to date, in offerings of types indicated, the twelve (12) months prior to the first sale of sec in this offering. Classify securities by type listed in Part C-Questio	nformation of the curities	
Type of offering Rule 505 Regulation A Rule 504 Total	Type of Security	Dollar Amount Sold \$ \$ \$
4. a. Furnish a statement of all expenses in connection with the istand distribution of the securities in this offering. Exclude amounts solely to organization expenses of the issuer. The information may given as subject to future contingencies. If the amount of an experis not known, furnish an estimate and check the box to the left of the Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees	relating y be nditure ne estimate.	[]\$O []\$O []\$O []\$O
Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total b. Enter the difference between the aggregate offering price given Question 1 and total expenses furnished in response to Part C - Question 1 and total expenses proceeds to the issuer."	in response to Part C -	[]\$

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

				Payments to Officers, Directors & Affiliates		Payments 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	ies []	\$	[]	\$	•
	Acquisition of other businesses (including the value securities involved in this offering that may be use exchange for the assets or securities of another is pursuant to a merger)	ed in suer]	\$	[X]	\$ <u>1,000,000</u>	
	Repayment of indebtedness	[]	\$	[]	\$	
	Working capital	[I	\$	[]	\$	
	Other (specify):	[]	\$	[]	\$	
	Column Totals	[]	\$	[X]	\$ _1,000,000	
	Total Payments Listed (column totals added)			[] \$ <u>1,000,00</u>		:	
	D. FEDE	RAL SIGNA	TU				
filed Secu	issuer has duly caused this notice to be signed by the under Rule 505, the following signature constitutes a urities and Exchange Commission, upon written reque non-accredited investor pursuant to paragraph (b)(2)	nd undertak st of its sta	ing ff, t	by the issuer to fur	nish to	the U.S.	
Issu	er (Print or Type)	Signature				Date	
	PTI Acquisition, LLC	W	N	Rescuis		May 13,200	23
Nam	ne of Signer (Print or Type	Title of Sigr	er	(Print or Type)		,	
	C. William Mercurio	President					

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