OMB APPROVAL

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

RECEIVED

OMB Number: 3235-0076 Expires December 31, 1996 Estimated average burden

figurs per response. . . . 16.00

## FORM D

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

SEC USE ONLY Prefix Serial DATE RECEIVED

Name of Cliering (L.: check if this is an amendment and name has changed, and indicate cha	4
inPlay, LLC - 999 Units of Class B Limited Liability Company I	nterest
Filing Under (Check box(es) that apply): X Rule 504 X Rule 505 A Rule 506 Sect	ion 4(6) DULOE
Type of Filing: X New Filing Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	0000
1. Enter the information requested about the issuer	MAY 13 2003
Name of Issuer (C) check if this is an amendment and name has changed, and indicate change in Play, LLC	HOMSON FINANCIAL
	ne Number (Including Area Code) 83-1031
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephor (if different from Executive Offices)	e Number (Including Area Code)
Brief Description of Business Entertainment, arcade and interactive games, commercial and redevelopment and rental	sidential real estate
Type of Business Organization  Corporation  Ilimited partnership, already formed  business trust  Ilimited partnership, to be formed  comp	(please specify):limited liabilit pany, already formed
Actual or Estimated Date of Incorporation or Organization:    Month   Year	for State:
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulet seq. or 15 U.S.C. 77d(6).	ation D or Section 4(6), 17 CFR 230.501
When To File: A notice must be filed no later than 15 days after the first sale of securities in the the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by if received at that address after the date on which it is due, on the date it was mailed by United States re	the SEC at the address given below or,

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.

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

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

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

signed mus: be photocopies of the manually signed copy or bear typed or printed signatures.

A and B. Fart E and the Appendix need not be filed with the SEC.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Contersely, failure to file the appropriate federal notice will not result in a loss of an available state exemption uplies such exemption is predicated on the filing of a federal notice.

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	A. BASIC IDENTII	FICATION DATA		
2. Enter the information requested	for the following:			
<ul> <li>Each promoter of the issuer,</li> </ul>	, if the issuer has been organized	within the past five years;		
<ul> <li>Each beneficial owner having securities of the issuer;</li> </ul>	g the power to vote or dispose, or	direct the vote or dispositio	n of, 10% or more	of a class of equity
<ul> <li>Each executive officer and direction</li> </ul>	rector of corporate issuers and of	corporate general and manag	ing partners of part	nership issuers; and
<ul> <li>Each general and managing  </li> </ul>	partner of partnership issuers.	:		
Check Box(es) that Apply:   Pro	omoter 🛭 Beneficial Owner	☐ Executive Officer ☐		eral and/or naging Partner
Full Name (Last name first, if indiv	ridual)			
James R. Grube	•			•
Business or Residence Address (N	lumber and Street, City, State, Z	ip Code)		
7131 N. Knoxville Av	venue, Peoria, IL 616	02		
Check Box(es) that Apply: D Pro	omoter 🛭 🖔 Beneficial Owner	☐ Executive Officer ☐		neral and/or naging Partner
Full Name (Last name first, if Indiv Michael L. Stessman	idual)		21 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Business or Residence Address (N	umber and Street, City, State, Z	ip Code)		
406 SW Washington, I	Peoria, IL 61602			·
Check Box(es) that Apply:   Pro	omoter   Beneficial Owner	☐ Executive Officer ☐		neral and/or naging Partner
Full Name (Last name first, if indiv	idual)	ļ.		
Business or Residence Address (N	umber and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:  Pro	omoter   Beneficial Owner	☐ Executive Officer ☐		neral and/or naging Partner
Full Name (Last name first, if indiv	idual)			
Business or Residence Address (N	umber and Street, City, State, Z	ip Codě)		
Check Box(es) that Apply:   Pro	omoter   Beneficial Owner	□ Executive Officer □		neral and/or naging Partner
Full Name (Last name first, if indiv	idual)			
Business or Residence Address (N	umber and Street, City, State, Zi	ip Code)		
Check Box(es) that Apply:   Pro	omoter	☐ Executive Officer ☐		eral and/or naging Partner
Full Name (Last name first, if indiv	idual)	*	:-	
Business or Residence Address (N	umber and Street, City, State, Zi	ip Code)		
Check Box(es) that Apply:   Pro	noter	☐ Executive Officer ☐		eral and/or naging Partner
Full Name (Last name first, if indivi	idual)			
Business or Residence Address (N	umber and Street, City, State, Zi	ip Code)	·	
(Use blan	nk sheet, or copy and use addition	onal copies of this sheet, as a	necessary.)	

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<u> </u>				B, 1N	FORMAT	TON ABO	OUT OFFE	RING				
1. Has	the issuer s	old, or do	es the issu	er intend t	o sell, to i	non-accred	lited invest	ors in this	offering?			Yes No ™ □
							2, if filing					•
2. What	t is the min	imum inv	estment th	at will be	accepted fi	om any ir	ndividual?					<u>\$ 24,00</u> 0
						_						Yes No
	the offerin											
sion o to be list tl	r the inform or similar re- listed is ar he name of caler, you r	emuneration associate the broke	on for solic d person o er or dealer	itation of pragent of agent of . If more	ourchasers a broker o than five (:	in connect r dealer re 5) persons	ion with sa gistered wi to be listed	les of secur ith the SEC d are assoc	ities in the Cand/or w	offering.	or states,	•
Full Name	(Last nam	ne first, if	individual]	)			,					
•							1					
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	ode)					
							į					
Name of	A.ssociated	Broker or	Dealer									
							1					
States in \	V/hich Pers	on Listed	Has Solici	ted or Inte	ends to So	licit Purch	asers	-				
(Check	"All States	s" or chec	k individu	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] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[ NJ ] [ TX ]	(NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR]	{ PA } [ PR }
Full Nam	e (Last nan	ne first, if	`individual	)			! ! !					
Business of	or Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	ode)					
							1.1			<u> </u>		
Name of	Associated	Broker o	r Dealer									
States in	Which Per	son Listed	Has Solic	ited or Int	ends to Sc	licit Purcl	nasers					
(Check	"All State	s" or che	ck individu	al States)								☐ All States
[AL]	[ AK ]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ] [MO]
[IL]	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ME] [NY]	[MD] [NC]	[MA] [ND]	( MI ) (OH)	[MN] [OK]	[MS]	[PA]
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Dusiness	ci Residen	cc /saures	3 (I dinoci	u 51.55	.,,,	,	1 !					
Name of	Associated	Broker o	r Dealer									
rame or	. 1350ciareo	Diokei e	. Boule.		•		i					
States in	'Which Per	ean Lieter	Has Solid	rited or In	tends to So	olicit Purc	hasers					
	"All State											☐ All States
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[MT]	(NE)	[NV]	[NH]	[ NJ ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[ VT ]	[VA]	[WA]	[WV]	[ 44.1 ]	1 ** 1 1	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	¥3 (1)	
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 columns below the amounts of the securities offered for exchange and already exchanged.	:		
	Type of Security	Aggregate Offering Price	Am	ount Already Sold
	Debt	\$0	\$	0
	Equity	<u>\$ 999,000</u>	\$ <u>9</u>	99,000
	□ Common □ Preferred	•		
	Convertible Securities (including warrants)	<b>s</b> 0	\$	0
	Partnership Interests	\$0	\$	0
	Other (Specify)	<b>s</b> 0	<b>\$</b>	0
	Total	\$ 999,000	<u>\$_9</u>	99,000
	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."	Number Investors	Dol	Aggregate llar Amount Purchases
	Accrecited Investors	18	<u>\$_9</u>	99,000
	Non-accredited Investors	none	. s	0
	Total (for filings under Rule 504 only)	18	<u>\$_9</u>	99,000
	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 cale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dol	lar Amount
	Type of offering	Security		Sold
	Rule 505		<b>.</b> \$	0
	Regulation A		. \$	0
	Rule 504	Equity	\$	200
	Total		. \$	200
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	C	\$	0
	Printing and Engraving Costs	¥	\$	00
	Legal Fees	¥	\$	10,000
	Accounting Fees	X	\$	2,000
	Engineering Fees	C	<b>\$</b>	0
	Sales Commissions (specify finders' fees separately)		\$	0
	Other Expenses (identify)	C	\$	0
	Total	X	\$	12,000
			i	

C. OFFERING PRICE. NUM	BER OF INVESTORS, EXPENSES A	ND LISE OF PROCEE	DS
b. Enter the difference between the aggregate of tion 1 and total expenses furnished in response "adjusted gross proceeds to the issuer."	offering price given in response to Part to Part C - Question 4.a. This differen	C - Ques- nce is the	\$_987,000
5. Indicate below the amount of the adjusted gros used for each of the purposes shown. If the amestimate and check the box to the left of the esting the adjusted gross proceeds to the issuer set for	is proceeds to the issuer used or propo- tiount for any purpose is not known, function. The total of the payments listed m	sed to be urnish an ust equal	
		Payments to Officers, Directors, & Affiliates	
Salaries and fees	••••••	□ \$0	_ □ \$0
Purchase of real estate		🛚 \$ 650,000	_ 🖾 \$O
Purchase, rental or leasing and installation	of machinery and equipment	🗆 \$0	_   🗆 \$0
Construction or leasing of plant buildings a	nd facilities	🗆 \$ <u> </u>	_   🗆 \$0
Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	he assets or securities of another	n <b>s</b> 0	
Repayment of indebtedness		🖂 🛡	_
Working capital	(		数 <b>\$37,</b> 000
Other (specify):			s 0
Office (specify).		U \$	_
			_ so
Column Totals			□ <b>\$</b> 337,000
Total Payments Listed (column totals added			987.000
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed to following signature constitutes an undertaking by the quest of its staff, the information furnished by the Issuer (Print or Type)	e issuer to furnish to the U.S. Securitie	s and Exchange Comm	ission, upon written re- (b)(2) of Rule 502.
inPlay, LLC	William L.	2	5/6/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Michael L. Stessman, Member	Nathaniel Group, LLC,	Manager	
	; , ; , ;		
	. !		

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

Medical and the second	E. STATE SIGNATURE	
1. Is any party described in 17 CFR 23 of such rule?	0.252(c), (d), (e) or (f) presently subject to any of	the disqualification provisions Yes No
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby under Form E (17 CFR 239.500) at such ti	takes to furnish to any state administrator of any state law.	state in which this notice is filed, a notice on
3. The undersigned issuer hereby under issuer to offerees.	takes to furnish to the state administrators, upon v	written request, information furnished by the
limited Offering Exemption (ULOE)	at the issuer is familiar with the conditions that mu of the state in which this notice is filed and unders establishing that these conditions have been satisf	tands that the issuer claiming the availability
The issuer has read this notification and bundersigned duly authorized person.	knows the contents to be true and has duly caused	this notice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
Name (Print or Type)	Title (Print or Type)	

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.

1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		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-Item1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL					:				
AK									q ·
ΑZ					1				
AR									
CA									
СО						·			
CT									
DÉ									
DC									
FL			·						
GA	<b>†</b>								
Hl	1								
ID									
IL			·						
IN									
IA					:				
KS									
KY									
LA									
ME	<b>†</b>								
MD							·		
MA									
MI	1								
MN									
MS									
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				APT	ENDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		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-Item1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT					1				
NE									
NV									
NH									
NJ				·					
NM									
NY									
NC					<u> </u>				
ND									
ОН									
ОК	·								
OR									
PA									
RI									
SC									
SD									
TN									
ТX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR									