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
UNIFORM LIMITED OFFERING EXEMPTION

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OMB Approval

OMB Number: 3235-0076 Expires: November 30, 2001

Estimated average burden hours per response ... 16.00

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Prefix	Serial
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DATERE	ÇEIVED
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R 5%	1.25

Name of Offering (U check if this is an amendment and name Pinnacle Fund Partners, LP	ne has changed, and indicate ch	ange.)
	Rule 505 Rule 506 C S	Section 4(6) ( ULOB 2003 )
Type of Filing: XI New Filing		
A. B	ASIC IDENTIFICATION I	
1. Enter the information requested about the issuer		101/69/
Name of Issuer (I check if this is an amendment and name Pinnacle Fund Partners, LP		ige.)
Address of Executive Offices (Number and Street, City, State, 2 3601 Minnestoa Dr, Suite 800, Edin	Zip Code) na, MN 55435	Telephone Number (Including Area Code) (952) 921-5816
Address of Principal Business Operations (Number and Street, (if different from Executive Offices)		Telephone Number (Including Area Code)
Brief Description of Business Private Investm of listed secur initial public	ities, over the	ng investment in and tradin- counter securities and
Type of Business Organization  ☐ corporation ☐ business trust ☐ limited partnership, ☐ limited partnership,	already formed	other (please specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-lette	Month 0 3	HOMBOIG

# 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. Fart 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 ULOB 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 consistues 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 OIVIB 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 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

<ul> <li>Each general and ma</li> </ul>	nagin	g partner of	partnership issuers.	•		
Check Box(es) that Apply: Phillip Klang		Promoter	☐ Beneficial Owner	XX Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	if indi	ividual)				
Klang, Phillip		·				
Business or Residence Address 3601 Minnestoa					55435	
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)				
Business or Residence Addre	:ss (N	umber and S	treet, City, State, Zip Coo	ie)		
Check Box(es) that Apply:	D.	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)				
Business or Residence Addre	ss (N	umber and S	treet, City, State, Zip Coo	le)		
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)				
Business or Residence Addre	ss (N	umber and S	treet, City, State, Zip Cod	le)		
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)				
Business or Residence Addre	ss (M	umber and S	treet, City, State, Zip Cod	le)		
Check Box(es) that Apply:	0	Promoter	☐ Beneficial Owner	□ · Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, it	findiv	ridual)		(		
Business or Residence Addres	ss (Nr	mber and Si	reet, City, State, Zip Cod	e)	·····	
Check Box(es) that Apply:	П	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐General and/or Managing Partner
Full Name (Last name first, if	indiv	ridual)				
Business or Residence Addres	ss (Nu	mber and St	reet, City, State, Zip Cod	e)		

					<del></del>	B. IN	FOR	MAT	NOI	ABO	UT (	OFFERING		
								• • • • • • • • • • • • • • • • • • • •						
1. Ha	s the is	met so	ld or do	es the	issuer i	intend t	o sell,	to non-	accredi	ted inv	estors	in this offering?	Yes	No XIXI
					Aı	nswer a	lso in .	Append	lix, Co	lumn 2	, if fili	ng under ULOB.		•
2. W	hat is th	e mini	mum in	vestme	ent that	will be	accep	ted from	m any i	ndividı	al?		<b>\$</b> 500	<u>,00</u> 0.00
			St	JBJE	CT T	O WA	IVE	R BY	GEN	ERAI	PA:	RTNER	Yes	No
3. Do	es the	ffering	g permi	t joint	owners	hip of	a single	unit?					Ö	
oi ai	ommiss ffering. nd/or w	ion or : If a pe ith a st	similar :rson to ate or s	remun be list tates, l	eration ed is a ist the	for sol a assoc name o	licitation iated p f the b	on of precision of processing the contract of	orchase or agen or deale	rs in co t of a b r. If mo	onnect roker ( ore that	r given, directly or indirectly, as ion with sales of securities in to or dealer registered with the SE in five (5) persons to be listed a in for that broker or dealer only.	he EC	
Full 1	Name (I	ast na	me first	, if ind	ividual	)								
Busin	ess or ]	Resider	nce Add	lress (1 <sup>-</sup>	lumber	and St	reet, Ci	ty, Stai	e, Zip	Code)				<del></del>
Name	of Ass	ociated	Broker	or Dea	ler							· · · · · · · · · · · · · · · · · · ·		
	s in Wh											🗀 All Stat		
•							•					[ID]	•	
[IL]	[IN]		(KS)			[ME]	[MD]	[MA]	[MI]	[MM]	[MS]	[MO]		
[MT]			[NH]			[XX]	-	[KN]	-			[PA]		
	[SC] Name (I						[VA]	[WA]	[WV]	[MI]	[MX]	[PR]		
	ess or F	<del></del>		· · · · · · ·			eet, Cit	ty, State	e, Zip (	Lode)	<del></del>			
Name	of Ass		Dmker	or Dec	1							<u> </u>		
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	in Wh											🗖 All Stat	es	
	[AK]						•							
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	(NB)													
<del></del>	[SC]						[AV]	[WA]	[WV]	[WI]	[WY]	[PR]		
Fall N	lame (L	ast nau	ne first,	, if indi	vidual)									
Busin	ess or R	esiden	ce Add	ress (N	umber	and Str	eet, Cit	y, State	, Zip C	ode)				
Name	of Asso	ciated :	Broker	or Dea	ler	·····					****			
States	in Whi	ch Per	son Lis	ted Ha	s Solici	ted or l	intends	to Sol	icit Pu	chaser	5	🖸 Ali State		,
	[AK]												~	
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# 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 offer-			
ing, check this box \(\sigma\) and indicate in the column below the amounts of the securities of			
fered for exchange and already exchanged.			
Type of Security	Aggreg	ate	Amount Already
	Offering	Price	Sold
Debt	<u>s -0-</u>		<u> </u>
Equity	<del>2</del> -0-		<u> </u>
☐ Common ☐ Preferred			-0-
Convertible Securities (including warrants)	\$ 0000		\$ 212,462.00
Partnership Interests			
Other (Specify)	\$ -0		\$
Total	\$10000	000	0\$212,462.00
' ' '	•		
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."			
	Numb		Aggregate
	Investo	ors	Dollar Amount
Accredited Investors	1		of Purchases \$ 212,462.00
Non-accredited Investors.	0		\$0
Total (for filings under Rule 504 only)		) →	<b>s</b> -0-
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 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	Dollar Amount
Type of offening	Securi		Sold
Rule 505		<u> </u>	<u>\$0-</u>
Regulation A		0-	<del>\$0-</del>
Rule 504		0-	<b>s</b> -0-
Total		0-	<u>s -0-</u>
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	•		<b>s</b> 0 _
~		-	560.00
Printing and Engraving Costs			\$ 8,000.00
Legal Fees			0
Accounting Fees			\$
Engineering Fees			<b>s</b> 0
Sales Commissions (Specify finder's fees separately)			\$_0
Other Expenses (identify)			\$ 430.00
Total			\$8,990.00

C. OFFERING PRICE, NUMI	SER OF INVESTORS, EXPENSES	AND OSE OF	PROCEEDS
Question 1 and total expenses furnished in	response to Part C-Question 4.a. This difference		
used for each of the purposes shown. If the an estimate and check the box to the left must equal the adjusted gross proceeds to	e amount for any purpose is not known, furnish of the estimate. The total of the payments listed		
HOII 4.0. 20070.		Payments to Officers, Directors, &	Payments To
		Affiliates	Others
		\$	
Purchase of real estate		\$ -0-	\$
Purchase, rental or leasing and instal	Column Totals.  Total Payments Listed (column totals added)  D. FEDERAL SIGNATURE  suer has duly caused this notice to be signed by the undersigned duly authorized person ing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities to fits staff, the information furnished by the issuer to any non-accredited investor pursu (Print or Type)  Consider the partners, L. Signature  Signature  Signature  Title of Signer (Print or Type)  Title of Signer (Print or Type)		\$0-
Construction or leasing of plant bui	\$ <u>-0-</u> □	\$	
offering that may be used in exchange	for the assets or securities of another issuer	\$ <u>-0-</u> □	s <u>-0-</u>
Repayment of indebtedness	D	\$ <u>-0-</u> □	\$ <u>-0-</u>
Working capital		\$ <u>-0-</u> □	\$0-
Other (specify)		\$ <u>0</u>	<b>s</b> 990.00
	•		
		\$ <u> </u>	<b>\$</b> 0
Column Totals	<b></b>	\$ <u>0</u> □	\$ 8,990.00
Total Payments Listed (column tota	ls added)	□ \$ <u>8</u>	<u>,990.</u> 00
	D. FEDERAL SIGNATURE		
ollowing signature constitutes an undertaking	by the issuer to furnish to the U.S. Securities an	d Exchange Comm	ission, upon written
ssuer (Print or Type)	Signature 11 - 11	Date	
Pinnacle Fund Partners, L	Kully Hang	4/26/03	,
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Phillip Klang	Manager of GP		
·			

ATTENTION

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

	E. STATE SIGNATU	JRE		
1. Is any party described in 17 CFR 230.22 provisions of such rule?			Yes	No B
See Appe	ndix, Column 5, for state response.			
2. The undersigned issuer hereby undertakes Form D (17 CFR 239.500) at such times a		or of any state in which this notice is	filed, a notic	æ on
<ol><li>The undersigned issuer hereby undertakes issuer to offerees.</li></ol>	to furnish to the state administrate	rs, upon written request, information	furnished by	y the
4. The undersigned issuer represents that the Limited Offering Exemption (ULOE) of availability of this exemption has the burd	f the state in which this notice is	filed and understands that the issue		
The issuer has read this notification and know undersigned duly authorized person.	s the contents to be true and has du	ly caused this notice to be signed on i	ts behalf by th	he
Issuer (Print or Type)	Signature A. 1 1/0	Date /		
Pinnacle Fund Partners,	P Shillip Xla	ng 4/26/03		
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<del>/</del>		
Phillip Klang	Title of Signer (Print or Type)  Manager of GI	9		

# Instruction:

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.

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1		~	,				4		ļ	
								*	Disqual	ification
	Intend	to sell to	Type of sec	urity						State (if yes,
		credited	and aggre	gate			_		att	ach
		tors in	offering prooffered in s			Type of	investor and rchased in State	,		ation of granted)
	l .	-Item 1)	(PartC-Ite				C-Item 2)		(Part E	Item 1)
					Number of		Number of			
State	Yes	No			Accredited Investors	Amount	Nonaccredited Investors	Amount	Yes	No
AL										
AK										
AZ			<del></del>							
AR					<del></del>					
CA	<u>;                                    </u>									
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	Intend	l to sell						Disqua	ification State
	1	to ·	Type of security				!	ULOE	(if yes,
		credited tors in	and aggregate offering price		T	f investor and		9	ach
		ate	offered in state			urchased in State	,	waiver	tion of granted)
	(Part B	-Item 1)				t C-Item 2)	<del>,</del>	(Part E	Item 1)
				Number of		Number of			
			•	Accredited		Nonaccredited			
State	Yes	No	<del></del>	Investors	Amount	Investors	Amount	Yes	No
MT									
NE									
NV									
NH					·	 		i	
NJ			·						
NM									
NY		·							
NC									
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