UNITED STATES SECURITIES AND EXCHANGE COMMIS 45CEIVEL Washington, D.C. 20549

FORM D

3235-0076 1B Number: ires: November 30, 2001 Estimated average burden

OMB Approval

nours per response. . .16.00

SEC USE ONLY Prefix

Serial

TICE OF SALE OF SECURERES RSUANT TO REGULATION D 03059231 **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPINO

Name of Offering (☐ chec Initial Sale of Securitie	k if this is an amendment and name has changed, a	nd indicate	change.)
Filing Under (Check box(es) that		Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing: New Filin	g Amendment		
	A. BASIC IDENTIFICATI	ON DATA	
1. Enter the information requeste	d about the issuer		
Name of Issuer (che	ck if this is an amendment and name has changed,	and indicate	e change.)
Credint Holdings, LLC	€ ,		5 /
Address of Executive Offices	(Number and Street, City, State, Z	ip Code)	Telephone Number (Including Area Code)
300 S. Wacker Drive, S	Suite 2400, Chicago, IL 60606	•	312-360-1133
Address of Principal Business Or	perations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Office	es) 80 Holtz Drive, Buffalo, NY 14225	,	(716) 614-7500
Brief Description of Business			<u> </u>
Holding company owns	ng stock of an entity engaged in the business of pro	oviding con	tingency based accounts receivable collection
Type of Business Organization ☐ corporation ☐ business trust	☐ limited partnership, already formed☐ limited partnership, to be formed	⊠ 01	ther (please specify): limited liability company
usiness trust	mined particismp, to be formed		- AAP

Month 5

Year

3

DE

☐ Estimate

0

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

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.

0

CN for Canada; FN for other foreign jurisdiction)

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

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

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.

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.

SEC 1/972(2-97)

THOMSON

		IFICATION DATA									
2. Enter the information requested for the fo	· ·										
• Each promoter of the issuer, if the is	suer has been organized with	nin the past five years;		•							
 Each beneficial owner having the po of the issuer; 	wer to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities							
Each executive officer and director of the control of the con	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		□ Director	General and/or Managing Partner							
Full Name (Last name first, if individual) W. Thomas Caffery											
Business or Residence Address (Number ar 240 Chestnut Street, Winnetka, IL 6	nd Street, City, State, Zip Co 0093	de)									
Check Box(es) that Apply:	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Member							
Full Name (Last name first, if individual) Prairie Capital III, L.P.											
Business or Residence Address (Number at 300 South Wacker Dr. Suite 2400, C	nd Street, City, State, Zip Co Chicago, IL 60606	de)									
Check Box(es) that Apply:	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner							
Full Name (Last name first, if individual) Prairie Capital III QP, L.P											
Business or Residence Address (Number at 300 South Wacker Dr. Suite 2400, C	nd Street, City, State, Zip Co Chicago, IL 60606	de)									
Check Box(es) that Apply:	⊠ Beneficial Owner	☑ Executive Officer	□ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) Bruce Gray											
Business or Residence Address (Number at 80 Holtz Drive, Cheektowaga, NY,	nd Street, City, State, Zip Co	de)									
Check Box(es) that Apply:	⊠ Beneficial Owner		Director	General and/or Managing Partner							
Full Name (Last name first, if individual) Joseph Jerge											
Business or Residence Address (Number at 80 Holtz Drive, Cheektowaga, NY,	nd Street, City, State, Zip Co 14225	de)									
Check Box(es) that Apply:	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner							
Full Name (Last name first, if individual) C. Bryan Daniels											
Business or Residence Address (Number at 300 South Wacker Dr. Suite 2400, C	nd Street, City, State, Zip Co	de)									
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner							
Full Name (Last name first, if individual) Steven J. Groya											
Business or Residence Address (Number at 300 South Wacker Dr. Suite 2400, C	nd Street, City, State, Zip Co	de)									
		,									

A. BASIC IDENTIFICATION DATA 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 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. ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) David Young Business or Residence Address (Number and Street, City, State, Zip Code) 80 Holtz Drive, Cheektowaga, NY, 14225 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Membe Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) ☐ General and/or 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) ☐ General and/or ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: ☐ 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) ☐ General and/or 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

				B. 1	NFORMA'	TION ABO	UT OFFEI	RING					
1. Has th	ne issuer sol	d, or does th	ne issuer inte								[No
			Answer al	so in Apper	ndix, Colum	n 2, if filing	under ULC	E.					
2. What	is the minin	num investn	nent that wil	l be accepte	ed from any	individual?				***************************************	\$ <u>1</u>	√ <u>A</u>	
				_								es	No
3. Does	the offering	permit joint	t ownership	of a single	unit?				**********		[]	\boxtimes
		. ,	•	C								_	_
simila an ass broke	r remunerat sociated per	ion for solic son or agen If more than	citation of po t of a broke a five (5) pe	archasers in er or dealer ersons to be	connection registered v	with sales owith the SE	of securities C and/or wi	in the offering the a state or	g. If a states,	r, any commission person to be liste list the name of er, you may set for	d is the		
	e (Last nam N/A	e first, if in	dividual)										
Business	or Residence	e Address (Number and	1 Street, Cit	y, State, Zip	Code)							
Name of	Associated I	Broker or Do	ealer										
States in	Which Perso	n Listed Ha	s Solicited	or Intends to	Solicit Pur	chasers		,					
(Chec	k "All State	s" or check	individual S	States)						***************************************		All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[11	D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		[MS]		10]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]		[OR]	_	A]
					-			[WA]				_	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]		[WV]] [WI] PROCEEDS	[WY]	[P	<u>K</u>]
Enter	"0" if answ	te offering ¡ er is "none'	price of sect	rities inclu If the trans	ded in this of	offering and exchange o	the total ar	nount already ck this box [eady exchang	y sold.				
Ty	ype of Secur	ity								Aggregate Offering Price	Amou	nt Alı Sold	eady
De	ebt							•••••		\$_0	<u>\$_0</u>		
Ed	quity			••••••		•••••		••••		\$ 10,000,000	\$ <u>10,</u>	000,0	00
		☐ Comm	non 🔲 I	Preferred	Equity In	nterests in a	n LLC						
Co	onvertible S	ecurities (in	cluding war	rants)	••••••		•••••			\$_0	\$ <u>0</u>		
Pa	artnership In	terests		••••						\$_0	<u> \$ 0 </u>		
Ot	ther (Specify	/)								\$	_ \$		
	Total			•••••						\$ <u>10,000,000</u>	\$ <u>10,0</u>	00,00	00
	A	nswer also	in Appendix	k, Column 3	, if filing un	der ULOE.							
and the	ne aggregate	dollar amou purchased	unts of their securities	purchases. and the agg	For offering	s under Rul	e 504, indic	es in this offe ate the numb hases on the	er of		Ag	grega	ıte
										Number Investors		urcha	ises
A	ccredited Inv	vestors		•••••		••••••	••••••		• • • • • • • • • • • • • • • • • • • •	7			
No										_0			
	Total (fo	or filings un	der Rule 50	4)					•••••		- \$		

Answer also in Appendix, Column 4, if filing under ULOE.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all sec sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the 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				\$
	Regulation A				\$
	Rule 504		••		\$
	Total				\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the sec in this offering. Exclude amounts relating solely to organization expenses of the issuer. The informay be given as subject to future contingencies. If the amount of an expenditure is not known, furnestimate and check the box to the left of the estimate.	matior	1		
	Transfer Agent's Fees	•••••	••••••		\$
	Printing and Engraving Costs	•••••			\$
	Legal Fees				\$
	Accounting Fees				\$
	Engineering Fees				\$
	Sales Commissions (specify finders' fees separately)				\$
	Other Expenses (identify)				\$
	Total				\$
	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$_10,000,000
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.				
		D	ayments to Officers, irectors, & 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] \$_			\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	7 ¢		⊠	\$ 10,000,000
	Repayment of indebtedness	ת ע 1 ⊅_			\$ 10,000,000
	Working capital	י ע ר ץ ד			Φ
	Other (specify):	」 ↑ 」 ↑			Φ
	_	י קיי			\$
	Column Tatala	」\$_ -			\$
	Column Totals	J \$_			\$
	Total Payments Listed (column totals added)			<u>00</u>	

,	er to furnish to the U.S. Securities and Exchang	If this notice is filed under Rule 505, the following the Commission, upon written request of its staff, the of Rule 502.				
Issuer (Print or Type)	Signature	Date				
Credint Holdings, LLC	Ath	August 1, 2003				
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Nathan J. Good	Secretary					

D. FEDERAL SIGNATURE

E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification pro	Yes No ovisions of such rule?
See Appendix, Column 5, for state response	e.
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in CFR 239.500) at such times as required by state law.	n which this notice is filed, a notice on Form D (17
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written offerees.	n request, information furnished by the issuer to
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be Offering Exemption (ULOE) of the state in which this notice is filed and understands that the has the burden of establishing that these conditions have been satisfied.	
The issuer has read this notification and knows the contents to be true and has duly caused this n duly authorized person.	notice to be signed on its behalf by the undersigned
Issuer (Print or Type) Credint Holdings, LLC	Date August 1, 2003
Name of Signer (Print or Type) Title of Signer (Print or Type)	

Secretary

Nathan J. Good

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.

PPENDIX	

1		2	3		4				5 alification
	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	N	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									
AK		L							
AZ									
AR					·				
CA									
СО									
СТ									
DE								<u></u>	
DC									
FL									
GA		· · · · · · · · · · · · · · · · · · ·							
ні		·····							
ID					· · · · · · · · · · · · · · · · · · ·				
IL		X	LLC Equity Interest - \$10,000,000	5	\$9,380,000	0	0		X
IN									
IA									
KS									
KY									
LA									
ME					<u> </u>				
MD									
MA									
MI									1
MN									
MS									
МО					·				

Δ	p	p	F	N	n	IX

Intend to sell to non-accredicate investors in State Type of security and aggregate offered in state Type of investor and aggregate offered in state Type of investor and amount paracheced in State Constitution Type of the state Type of investor Type of investor	1		2	3			1		5	
State Yes No		Type of security Intend to sell and aggregate to non-accredited offering price Type of investor and investors in State offered in state amount purchased in State				under Sta (if yes, explana waiver g	te ULOE attach ation of granted)			
NE	State	Yes	No		Accredited	Amount	Non- Accredited	Amount	Yes	No
NE	МТ									
NH NJ NM NM NY X LLC Equity Interest - \$10,000,000 2 \$620,000 0 0 X X NC NC ND OH OK OR PA RI SC SD SD TN TX TX UT VT VA WA WA WA WY WI	NE									
NJ NM NY X LLC Equity Interest - \$10,000,000 2 \$620,000 0 0 X NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WA WA WA WY WI	NV									
NM X LLC Equity Interest - \$10,000,000 2 \$620,000 0 0 X NC ND Image: Control of the control of	NH	,								
NM X LLC Equity Interest - \$10,000,000 2 \$620,000 0 0 X NC ND	NJ									
NC										
NC	NY		х	LLC Equity Interest - \$10,000,000	2	\$620,000	0	0		X
OH OK OK OR	NC									
OK OR	ND									
OK OR	ОН									
PA RI SC SD TN TX UT VT VA VA WV WI										
RI SC SD SD SD TN TX UT VT VA VA WA WV WI WI	OR									
RI SC SD SD SD TN TX UT VT VA VA WA WV WI WI	PA									
SC SD TN TX UT UT VA VA WA WV WI WI										
SD TN TX TX UT UT VA VA WA WV WI WI										
TX	SD									
TX	TN									
UT										
VA										
VA										
WA WV WI										
WV WI										
WI										
PR										