ROCESSED //22027

FORM/D
RECENCED SAME
ALUE S 1 2003
PAGE 152

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION 13
Washington, D.C. 20549

nington, D.C. 20549

2003 OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005

THOMSCHESTIMATED May 31, 2005
THOMSCHESTIMATED average burden
FINANCHESTIMATED TO THE TOTAL TO THE TOTAL TOT

FORM D

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

SEC US	E ONLY
Prefix Serie	Serial
DATE RE	CEIVED
1	1

A. BASIC IDENTIFICATION DATA	
. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) FNC Holding Company, Inc.	03059502
Address of Executive Offices (Number and Street, City, State, Zip Code) 606 Van Buren Avenue, Oxford, MS 38655	Telephone Number (Including Area Code) (662) 236-2120
Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices)	Telephone Number (Including Area Code)
drief Description of Business	ARCEIVED CO.
ype of Business Organization X corporation	lease specify): AUG J 2 2003

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. 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 to the notice constitutes a part of this notice and must be completed.

- ATTENTION-	
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to fil	
appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated o	n the
filing of a federal notice.	

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

The state of the s	, x(1) (), (), (), ()		Chapty Short	A. BASIC IDE	Nii f	TCATION DATA				
2. Enter the information req	uested f	or the follow	ving:							
Each promoter of the control of	ne issue	r, if the iss	uer ha	s been organized wi	thin t	he past five years;				
Each beneficial own	er havi	ng the powe	r to v	ote or dispose, or dire	ect the	vote or disposition o	f, 10%	6 or more of	Fa clas:	s of equity securities of the issuer.
										tnership issuers; and
 Each general and n 					•	·				
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner	X	Executive Officer	×	Director		General and/or Managing Partner
Rayburn, William B. Full Name (Last name first, i	f indivi	dual)								
606 Van Buren Avenue, Oxfor Business or Residence Addre	ra, MS . -ss (No	mber and S	treet.	City State, Zin Co.	de)					
Publicas of Kestacher France		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	0.07, 0-410, 2.1	,					•
Check Box(es) that Apply:		Promoter	×	Beneficial Owner	×	Executive Officer	×	Director		General and/or Managing Partner
Dorsey, Robert E. Full Name (Last name first, i	Cindivi	duel)								
606 Van Buren Avenue, Oxfor Business or Residence Addre			treet.	City State Zin Co.	de)					
Property of Meandering Mean	-50 (1.4	moor and (. 41 4411	011, 04tt, 21p CV	-4,					
Check Box(es) that Apply:		Promoter	×	Beneficial Owner	×	Executive Officer	×	Director		General and/or Managing Partner
Tosh, Dennis		 .						-		
Full Name (Last name first, i										
606 Van Buren Avenue, Oxfor Business or Residence Addre			ireel,	City, State, Zip Co.	de)		M.			
Check Box(es) that Apply: Johnson, John D.		Promoter	Ø	Beneficial Owner	×	Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, i	(indivi	dual)						-		
606 Van Buren Avenue, Oxfor	d, MS	8655								
Business or Residence Addre	:55 (Nu	mber and S	treet,	City, State, Zip Co.	de)					
Check Box(es) that Apply:		Promoter	X	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Koch, John Full Name (Last name first, i:	Cindivid	dual)								
1215 Superior Avenue, Clevel: Business or Residence Addre	ss (Nu	mber and S	treet,	City, State, Zip Coo	de)					
Check Box(es) that Apply:	I	romoter	X	Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Jones, Patrick										
Full Name (Last name first, if	individ	lual)								
3399 Peschiree Road, Suite 60										
Business or Residence Addre	:ES (NUI	nber and S	treet,	City, State, Zip Co	de)					
Check Box(es) that Apply:	<u> </u>	romoter	8	Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Farrington, Jan Full Name (Last name first, it	individ	iusl)								
1517 Meadowbrook Road, Jac' Business or Residence Addre			iteet	City State Zin Cor	ie)					
DASHIESS OF VESTBELLER WOOLE	.en (1181	.,,,,,		ong, omio, dip cot	,					
	-	(Use blan	k shee	t, or copy and use a	dditio	nal copies of this sh	eet, as	песеззагу)	

- 43			Aleman and the second	िर्मिष् । क्रा	B, IN	ORMATI	ÓN ABOI	JT OFFE	ithe		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	W. G.	
1.	Has the	issuer so	ld, or does	the issuer :	intend to s	ell. ta non	-accredited	i investors	in this off	ering?		Yes	No SZ
			·								*************		Z)
2.	What is	the minin	num invest									5 30 00	00.00
												Yes	
3.												\boxtimes	
4.	Enter th	e informa	tion reques	ted for eac	h person v	vho has be	en or will l	be paid or	given, díre	ctly or ind	irectly, any	y	
	lf a pers	sion or sin ion to be li	nnar remune sted is an as	ration for s sociated se	olicitation rson or age	of purchase int of a brol	ers in conni ker or deale	ection with Tregistered	sales of sec I with the S	curities in t EC and/or	he offering.		
	or states	, list the n	ame of the I	broker of de	aler. If mo	re than fiv	e (5) perso:	ns to be list	ed are asso	ciated pers	ons of such	1	
					informati	on for that	broker or	dealer only	'				
		Last name	first, if ind	iviđual)									
_		Residence	Address ()	vumber and	Street, Ci	tv. State. Z	Zin Code)						
			. (-			, ~	 ,						
Nan	ne of Ass	sociated B	roker or De	aler									
<u> </u>		(-) D	7 : 4 77-	- 0-11-in-d			n. d						
Ştat													
	(Check	An state:	5 Of Check	maiviqual								[] Al	i States
	AL	AK	AZ	AR		CO	CT	DE	DC	FL	GA	н	1D
2						LA			MA	MI	MN	MS	МО
							==		===				PA
	R.I	<u>3C</u>	الطق	IN	الم	[01]	VI	<u>VA</u>	[WA]	WV	WI	WY	PR
Full	Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address ()	Vumber and	Street, C	iry State.	Zin Code)		-				
			•		•, -	,,	2.6 0000)						
Nan	ne of Ass	ociated P		aler									
Nan	ne of Ass	sociated B		aler									
_			roker or De										
_	ies in Wh	ich Persor	roker or De	s Solicited	or Intends	to Solicit	Purchasers						I States
_	ies in Wh	ich Persor	roker or De	s Solicited	or Intends	to Solicit	Purchasers		DC	FL	ĞA	Al	I States
_	les in Wh	ich Persor "All State:	roker or De	s Solicited individual	or Intends States)	to Solicit	Purchasers					Al Hi MS	ID
_	es in Wh (Check	ich Persor	Listed Has	s Solicited individual	or Intends States)	to Solicit	Purchasers	DE	DC	FL	GA	H	
_	(Check	ich Persor "All State: AK IN	noker or De Listed Has s" or check A2	s Solicited individual AR KS	or Intends States) CA KY	to Solicit)	Purchasers CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
Stat	(Check AL IL MT	AK IN NE SC	Listed Hases" or check AZ IA NV SD	s Solicited individual AR KS NH TN	or Intends States) CA KY NJ	to Solicit	Purchasers CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Stat	(Check AL IL MT RI I Name (I	AK IN NE SC	n Listed Hases or check A2 NV SD first, if indi	s Solicited individual AR KS NH TN ividual)	or Intends States) CA KY NJ TX	to Solicit	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Stat	Has the Issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filling under ULOB. What is the minimum investment that will be assepted from any individual? S 30,000 00 Yes No Does the offering permit Joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuseration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer engineers with the SEC andfor with a saute or states, list the name of the throker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer. You may set forth the information for that broker or dealer engineers with the SEC and with the SEC a												
Full Bus	(Check AL IL MT RI Name (I	"All State: "AK" IN NE SC Last name	Listed Hases" or check AZ IA NV SD first, if indicates (N	Solicited individual AR KS NH TN ividual)	or Intends States) CA KY NJ TX	to Solicit	Purchasers CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Full Bus Nan	(Check AL IL MT RI I Name (I	AK IN NE SC Lest name Residence	n Listed Hases or check A2 NV SD first, if indirects (Notes or December or December 2)	s Solicited individual AR KS NH TN ividual) iumber and	or Intends States) CA KY NJ TX	to Solicit) CO LA NM UT	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Full Bus Nan	(Check AL IL MT RI I Name (I	AK IN NE SC Last name	Listed Has	Solicited individual AR KS NH TN ividual) Jumber and aler Solicited	or Intends States) CA KY NJ TX Street, Co	to Solicit I	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK W)	MS OR WY	MO PA PR
Full Bus Nan	(Check AL IL MT RI Name (I	AK IN NE SC Last name Residence cociated Brich Person	Listed Has AZ NV SD first, if ind: Address (N roker or December of December of December of Check Listed Has or check	Solicited individual AR KS NH TN ividual) Jumber and aler Solicited individual	CA KY NJ TX Street, Cor Intends States)	to Solicit I	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK W)	MS OR WY	ID MO PA PR
Full Bus Nan	(Check AL IL MT RI I Name (I	AK IN NE SC Last name Residence cociated Brich Person "All States	Toker or De Listed Hases" or check AZ IA NV SD first, if index Address (N roker or Dex Listed Hases" or check AZ	Solicited individual AR KS NH TN ividual) Sumber and aler Solicited individual	Or Intends States) CA KY NJ TX Street, C:	to Solicit I	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK W)	MS OR WY	ID MO PA PR
Full Bus Nan	Ites in Who (Check AL IL Name (Interest or Interest	AK IN NE SC Last name Residence cociated Br ich Person "All States AK IN	n Listed Has AZ NV SD first, if indi Address (N roker or De	Solicited individual AR KS NH TN Ividual) Jumber and aler Solicited individual AR KS	CA States) CA KY NJ TX Street, Comparison of Intends States) CA KY	to Solicit I	Purchasers CT ME NY VT Zip Code) Purchasers CT ME	DE MD NC VA	DC MA ND WA	FL MI	GA MN OK W)	MS OR WY	ID MO PA PR I States ID MO
Full Bus Nan	(Check AL IL MT RI I Name (I	AK IN NE SC Last name Residence cociated Brich Person "All States	Toker or De Listed Hases" or check AZ IA NV SD first, if index Address (N roker or Dex Listed Hases" or check AZ	Solicited individual AR KS NH TN ividual) Sumber and aler Solicited individual	Or Intends States) CA KY NJ TX Street, C:	to Solicit I	Purchasers CT ME NY VT Zip Code)	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK W)	MS OR WY	ID MO PA PR

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

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 \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		s
	Bquity ,	6,000,000	§ None
	Common Preferred		
	Convertible Securities (including warrants)	<u> </u>	\$
	Partnership Interests	<u> </u>	\$
	Other (Specify)	i	\$
	Total	6.000.000	\$
	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	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ N/A
	Non-accredited Investors		\$
	Total (for filings under Rulc 504 only)	_ 0	\$ 0.00
	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	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		<u>s_N/A</u>
	Regulation A		s
	Rule 504		\$
	Total		§ 0.00
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.		
	Transfer Agent's Fees	.,.,,	\$
	Printing and Engraving Costs		\$
	Legal Fees	K	\$10,000
	Accounting Fees	_	\$ 2,500
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$_None
	Other Expenses (identify)		\$
	Total		\$ 12,500
			- AHI - N V

	aria in a markana kana kana kana kana kana kana kan	norre dos ,	And the same
	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."		\$5,987,500
5.	Indicate below the amount of the adjusted gross proceed 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.		3,70 =,70 0
		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	7 ¢	ms
	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)	-	
	Repayment of indebtedness		
	Working capital		
	Other (specify):		
]\$	
	Column Totals] \$	₹ \$ <u>5,987,50</u> 0
	Total Payments Listed (column totals added)	<u>k</u>] \$ <u>5</u>	,987,500
M	de de la companya de		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	ion, upon writte	
İss	uer (Print or Type) Signature D	ate /	
FN	C Holding Company, Inc.	8/7/6	03_
_	me of Signer (Print or Type) Title of Signer (Print or Type)	-//	
De	nnis S. Tosh, Jr. EVP and CPO CAO		
_			

ATTENTION -

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

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ©
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is D (17 CFR 239.500) at such times as required by state law.	filed a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	tion fur	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer classified this exemption has the burden of establishing that these conditions have been satisfied.	titled to iming the	the Uniform e availability
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behi thorized person.	alf by the	undersigned
lssuer (Print or Type) Signature Date		
FNC H	olding Company, Inc. Dem S. Josef. 8/7/	0	<u> </u>
Name (1	Print or Type) Title (Print or Type)		
Denni	s S. Tosh, Jr. EVP and CFO CA		

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.

A Committee	NA SAN				DENDUX (Make a Book on the San		
1	Intend to non-a investor	2 I to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО					·				
CT									
DE									
DC									
FL									
GA									
HI									
ΙD									
IL									
IN							<u> </u>		
AI									
K\$	-								
KY									
LA									
ME									
MD		_							
MA									
MI									
MN									
MS		X	\$6,000,000 common stock						Х

	and the second of the second				MPIX.		vinces of the second			
1	Intend to non-a investor	2 I to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 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 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО				,						
MT										
NE										
NV										
NH					_					
ΙΝ										
NM										
NY	·									
NC										
ND								<u>,</u> ,		
OH										
OK										
OR										
PA			ļ							
RI										
SC									·	
ŠD										
TN		Х	\$6,000,000 common stock						Х	
TX								-		
UT										
VT							:			
VA										
WA								-		
wv								. ,		
WI										

D: 7		the state of	Part of the State			to fining the subset of a subset of the subset of	Andreas Control of the Control of th	and respective services on	
I	to πon-a investor	2 I to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR	- -								