FORM D

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

FORM D

OMB APPROVAL
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hours per response.....16.00

SEC USE C	NLY
Prefix	Serial
	<u> </u>
DATE RECEI	VED

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Nord Leasing, LLC

UMFORM LIMITED OFFERING EXEMP	TION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Nord Leasing, LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 XX Rule 506 Section 4(6) Type of Filing: Amendment	ULOE
A. BASIC IDENTIFICATION DATA	1944 (810 HD)
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Nord Leasing, LLC	03059524
Address of Executive Offices (Number and Street, City, State, Zip Code) 9226 Teddy Lane, #125, Lone Tree, CO 80124	Telephone Number (Including Area Code) 303-705-8020
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Leasing of vehicles and equipment, primarily to Type of Business Organization Corporation Description of Business Organization Imited partnership, already formed Description of Business Organization Type of Business Organization Imited partnership, already formed Description of Business Organization	ease specify):
Month Year Actual or Estimated Date of Incorporation or Organization: D2 D3 X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	ated AUG 19 2003
GENERAL INSTRUCTIONS	FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

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 -

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 predictated on 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.

SEC 1972 (6-02)

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 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: XX Promoter XX Beneficial Owner General and/or X MACHANAMA Director Managing Partner Manager Full Name (Last name first, if individual) Nordhagen, Arlen D. Business or Residence Address (Number and Street, City, State, Zip Code) 9226 Teddy Lane, #125, Lone Tree, CO 80124 Check Box(es) that Apply: XX Promoter XX Beneficial Owner XX Executive Officer Director General and/or Managing Partner Manager Full Name (Last name first, if individual) Timboe, Ken J. Business or Residence Address (Number and Street, City, State, Zip Code) 9226 Teddy Lane, #125, Lone Tree; CO 80124 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or 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: Beneficial Owner Executive Officer Promoter Director General and/or 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) (Number and Street, City, State, Zip Code) Business or Residence Address Executive Officer Director Check Box(es) that Apply: Beneficial Owner General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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

Executive Officer

Director

General and/or

Managing Partner

Beneficial Owner

(Number and Street, City, State, Zip Code)

Promoter

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Business or Residence Address

				B. It	NFORMAT	ION ABOU	T OFFERI	NG		Aldriga Ati,		
1 Unatha	ingua- cald	l om doog th		stand to an'	11 +0			Abir offici			Yes	No
1. Has the	issuer soid	, or does th							•			ΚK
2 What is		:			Appendix		•				. l	,000
2. What is (The	Combaí.	um investm ny pay	accep	ot par	tial i	iny individ .nvesti	ment i	in the	Mana	gers'		
discr 3. Does th	etion) e offering j	permit joint	ownershi	p of a sing	le unit?				*************		Yes XX	No □
										irectly, any	7==-	
commis	sion or sim	ilar remune	ration for s	olicitation	of purchase	ers in conne	ection with	sales of sec	curities in t	he offering.		
										with a state ons of such		
		you may so										
Full Name (Last name	first, if indi	vidual)		<u></u>							
Business or	Residence	Address (N	umber and	Street, Ci	tv. State. 7	in Code)						
1545111035 01	residence	11441055 (11	amoor and	1 54000, 01	<i>i</i> y, 5tate, 2	np code)						
Name of As	sociated Br	oker or Dea	aler									
Q												
States in WI												1.64
(Check	"All States	" or check	individual	States)	•••••••		***************		•••••	***************************************	L Ai	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND WA	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	\overline{WA}	WV	WI	WY	[PR]
Full Name (Last name	first, if indi	vidual)									
Business or	· Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated Br	oker or De	aler				· 	<u>-</u> -				
							·	···-				
States in Wi												
(Check	"All States	" or check	individual	States)					•••••		☐ All	l 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	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathrm{WV}}$	WI	WY	PR
Full Name (Last name	first, if indi	vidual)							·		
Business or	Pasidanaa	Addross ()	Iumbar an	d Street C	ity State	Zin Codo)						
Dusiness of	Residence	Address (1	Number an	a Sileei, C	ny, State, i	Zip Code)						
Name of As	sociated Br	oker or De	aler					 	···			
							-144					
States in W												1. Current
(Check	"All States	" or check	ındıvidual	States)	•••••	*****************	••••••	****************		•••••	☐ All	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
ĨL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM UT	NY	NC VA	ND WA	OH WV	OK WI	OR WY	PA
RI	SC	SD	TN	TX	UT	VT	VA	W A	VV V	WI	VV I	PR

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

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

	Type of Security	Aggregate Offering Price		Am	ount Already Sold
	Debt	_		r.	-0-
				•	
	Equity	\$		2	
	Common Preferred	_		_	
	Convertible Securities (including warrants)				
	Partnership Interests				
	Other (Specify) Total	.3 - 3 3 U : 8 -	<u> </u>	\$ <u></u>	-0-
		\$21,330		\$	
	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."	2			
		Number Investor		Do	Aggregate llar Amount Purchases
	Accredited Investors	0		\$	_0
	Non-accredited Investors	0		\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.					
	Towns of Official	Type o		Do	llar Amoun
	Type of Offering	Security		•	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 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	•••••	XX	\$	2,500
	Legal Fees	*******	XΧ	\$	6,500
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
•	Other Expenses (identify) Blue Sky Fees	.,	X	\$	1,000
	Total		X	¢ 1	0,000

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

	b. Enter the difference between the aggregate of and total expenses furnished in response to Part Coproceeds to the issuer."	- Question 4.a. This difference is the "adjusted	gross	\$ <u>3,290,0</u> 00
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	any purpose is not known, furnish an estima of the payments listed must equal the adjusted	te and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		🔲 \$	\$
	Purchase, rental or leasing and installation of mand equipment	nachinery		XX\$ 2,290,000
	Construction or leasing of plant buildings and f			-
	Acquisition of other businesses (including the			
	offering that may be used in exchange for the a	ssets or securities of another	r t	— 6
	issuer pursuant to a merger)			
	Working capital			
	Other (specify):		L »	
			 	\$
	Column Totals		[] \$	\$
	Total Payments Listed (column totals added)		XX\$_	3,290,000
		D. FEDERAL SIGNATURE		
sign	issuer has duly caused this notice to be signed by a ature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	furnish to the U.S. Securities and Exchange C	ommission, upon wri	
Issu	er (Print or Type)	Signature °	Date 6 /4	1 -
1	Nord Leasing, LLC		Date f/11	705
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
x + 6411	Ken J. Timboe	Manager		

ATTENTION

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

经持续		E. SIA	LE SIGNATURE				ħ.
1.,	Is any party described in 17 CFR 230.262 pre provisions of such rule?					Yes	No XX
	See A	Appendix, Co	lumn 5, for state re	sponse.			
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required			f any state in which th	nis notice is fil	led a not	ice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the	state administrator	s, upon written requ	est, informat i	on furni	shed by the
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the sta of this exemption has the burden of establishing	ite in which th	is notice is filed an	d understands that th			
	ner has read this notification and knows the content thorized person.	nts to be true a	nd has duly caused	this notice to be signe	d on its behal:	f by the ı	ındersigned
Issuer (Print or Type)	Signature		Date			
Nor	d Leasing, LLC	\downarrow	// N		8/11/03		
Name (1	Print or Type)	Title (Print	or Type)				····

Manager

Instruction:

Ken J. Timboe

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.

APPENDIX 1 2 3 4 5 Disqualification Type of security and aggregate under State ULOE Intend to sell (if yes, attach offering price Type of investor and to non-accredited explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount AL ΑK AZAR CACO XXDebt 0 0 0 0 ХX CTDE DC FLGA HI \mathbb{D} ILIN IΑ KS KY LA ME MDMA ΜI MN MS

APPENDIX

1	2		3			4		5 Disqual	ification
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under Sta (if yes, explant waiver	ate ULOE
State	Yes	No	·.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV		·							
NH									
NJ		_							
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									

1		2	3			4			ification	
	to non-a	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and expl amount purchased in State waiv				(if yes, explana waiver	State ULOE es, attach anation of ver granted): E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										