FORM D

266380

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



		·- <u>-</u>							
Name of Offering	check if this is an ame	ndment and name l	has changed, and inc	licate change.					
Issuance of Converti	ble Promissory Notes and V	Varrants to Purchas	se Preferred Stock (a	nd the underlying Se	ries B stock issu	able upon Cconversion)			
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ☐ ULOE									
Type of Filing:	New Filing ■		A STATE OF WEST STATES						
		A. BA	SIC IDENTIFICATIO	N DATA		*0.			
 Enter the inform 	ation requested about the is	suer		<u></u>		a a 4 2505 /			
Name of Issuer	check if this is an ame	ndment and name I	has changed, and inc	licate change.					
Rio Design Automa					180				
Address of Executive	e Offices		(Number and Stree	t, City, State, Zip Coo	le) Telephone (408)844-8	Number (Including Area Code)			
	112, Santa Clara, CA 9505	4							
Address of Executive	Offices		(Number and Stree	t, City, State, Zip Coo	le) Telephone	Number (Including Area Code)			
(if different from Exec	cutive Offices) Same a	s Above							
Brief Description of B	Business: Design and	Development of E	DA Software Tools			PROCESSED			
Type of Business Org	ganization					FEB 2 8 2005			
	□ corporation □ .	☐ limited	partnership, already f	formed	other (please	e specify)			
[D business trust D limited partnership to be formed								
			Month	Yea	r	JFINANCIAL —			
Actual or Estimated D	Date of Incorporation or Org	anization:	0 8	0	3	Actual			
Jurisdiction of Incorp	oration or Organization: (Er	nter two-letter U.S. I	Postal Service Abbre	viation for State:					
CN for Canada; FN for other foreign jurisdiction D e									
GENERAL INSTRUC Federal:	CTIONS								
Who Must File: All U.S.C. 77d(6).	issuers making an offering o	of securities in relia	nce on an exemption	under Regulation D	or Section 4(6), 1	7 CFR 230.501 et seq. or 15			
	A notice must be filed no lange Commission (SEC) on some due, on the date it was ma	the earlier of the da	ate it is received by th	e SEC at the address	given below or,	emed filed with the U.S. if received at that address after			
Where to File:	U.S. Securities and Excha	inge Commission, 4	150 Fifth Street, N.W.	, Washington, D.C. 2	0549.				
Copies Required: be photocopies of the	Five (5) copies of this notice manually signed copy or b			nich must be manually	y signed. Any co	pies not manually signed must			
Information Required changes thereto, the appendix need not be	information requested in Pa					the issuer and offering, any rts A and B. Part E and the			

State:

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.

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.

		A. BASIC	DENTIFICATION 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:	☐ Promoter	⊠ Beneficial Owner		Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):	Kaushik Sheth								
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	le): 2901 Tasman Dr.,	#112, Santa Clara	ı, CA 95054					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner		□ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):	Egino Sarto								
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	le): 2901 Tasman Dr.,	#112, Santa Clara	ı, CA 95054					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):	Robi Dutta								
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e): 2901 Tasman Dr.,	#112, Santa Clara	, CA 95054					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):	Sudhakar Muddu								
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	le): 2901 Tasman Dr.,	#112, Santa Clara	ı, CA 95054					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):	Rajeev Madhavan								
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	le): 2 Results Way, Cu	pertino, CA 9501	4					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):	Magma Design Autor	mation							
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e): c/o Beth Roemer,	2 Results Way, C	upertino, CA 95014					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):	Cadence Design Auto	omation, Inc.							
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e): c/o William Porter,	, 2655 Seely Ave,	San Jose, CA 95134					
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 Add	ress (Number and	Street, City, State, Zip Cod	le):							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					

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

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							5 V:=c								
							B. INFO	RMATION	ABOUT C	PFERING	· 			······································	
1. F	las the iss	uer sold,	or d	loes the is	suer inten	d to sell, to	non-accr	edited inve	stors in th	is offering	?			<u>Yes</u>	<u>No</u>
											\boxtimes				
2. V	What is the minimum investment that will be accepted from any individual?											;	\$450,000.00		
3. Does the offering permit joint ownership of a single unit?												Yes	<u>No</u>		
														\boxtimes	
a o a	ny commis ffering. If nd/or with	ssion or s a person a state o	imila to b r sta	ar remune be listed is ates, list th	ration for an associ	solicitation ated perso the broke	of purcha on or agen or or dealer	r will be pa sers in cor t of a broke t. If more t the inform	nnection w er or deale han five (5	ith sales o r registere b) persons	f securities d with the to be liste	s in the SEC d are			
Full Na	ame (Last	name fir	st, if	individual):										
Busine	ess or Res	idence A	ddre	ess (Numb	er and Str	eet, City, S	State, Zip (Code):	-						
Name	of Associa	ited Brok	er o	r Dealer:											
							olicit Purcl	nasers:							☐ All States
□ [AL	.] 🗌 [AH	() [A	Z]	□ [AR]	☐ [CA]	[CO]		□ [DE]		[FL]	☐ [GA]	[HI]	□ [ID]		
		🗆 (r	A]	☐ [KS]		[LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]		
□ [M	∏ ∏ [NE	n) 🔲 [i	IV]	□ [NH]	□ [ил]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]		□ [OR]	□ [PA]		
☐ [RI] □[sc) <u> </u> [S	D]	[NT]	□ [XT]	[דט] 🗀		□ [VA]	□ [WA]				□ [PR]		
Full N	ame (Last	name fire	st, if	individual):										
Busine	ess or Res	idence A	ddre	ess (Numb	er and Str	eet, City, S	State, Zip (Code):							
Name	of Associa	ated Brok	er o	r Dealer:					-						
							olicit Purch	nasers:							☐ All States
□ [AL	.] [AK	[A	Z]	☐ [AR]	☐ [CA]	□ [CO]			□ [DC]	□ [FL]	☐ [GA]	[HI]	□ [ID]		
	□ [IN	[l	A]	□ [KS]	□ [KY]	[LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	[MN]		☐ [MO]		
□ [M	[NE] 🗆 [P	IV]	□ [NH]	□ [NJ]	[MM]	□ [NY]		□ [ND]	□ [OH]			□ [PA]		
☐ [RI	∏ [so	[S	D]		□ [TX]	[[U]		□ [VA]	□ [WA]				☐ [PR]		
Full Na	ame (Last	name firs	st, if	individual):										
Busine	ess or Res	idence A	ddre	ess (Numb	er and Str	eet, City, S	State, Zip (Code):							
Name	of Associa	ited Brok	er o	r Dealer:							<u> </u>				
							olicit Purch	nasers:							☐ All States
☐ [AL	.] [AH	[A	Z]	☐ [AR]	☐ [CA]	[CO]		□ [DE]	☐ [DC]	[FL]	☐ [GA]	[Hi]	☐ [ID]		
	□ [IN]	☐ [l/		[KS]	[KY]	[LA]	_	_		[MI]	□ [MN]	☐ [MS]	[MO]		
□ [M ⁻	[NE	[E]	[V]	□ [NH]	[NJ]	[NM]	[NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	☐ [PA]		
☐ [RI] □ [sc) 🗆 (S	D]	[TN]	[TX]	[TU]	□ [VT]	[VA]	□ [WA]		[WI]		□ [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 answer is "none" or "zero." If the transaction is an exchange offering, check this box 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	\$ 0	\$	0
	Equity	\$ 0	\$	0
	☐ Common			
	Convertible Securities (including warrants)	\$ 1,000,000.00	\$	1,000,000.00
	Partnership Interests	\$ 0	\$	0
	Other (Specify)	\$ 0	\$	0
	Total	\$ 1,000,000.00	\$	1,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	 		
2.	Enter the number of accredited and non-accredited investors who have purchases 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."	No. 1		Aggregate
		Number Investors		Dollar Amount Of Purchases
	Accredited Investors	 2	<u>\$</u>	1,000,000.00
	Non-accredited Investors	 0	<u>\$</u>	0
	Total (for filings under Rule 504 only)	 0	<u>\$</u>	0
	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 Offering	Types of Security		Dollar Amount Sold
	Rule 505	N/A	\$	N/A
	Regulation A	 N/A	. <u>*</u>	N/A
		 N/A	. <u>\$</u>	N/A
	Rule 504	 -	- 🕶	
	Total	 <u>N</u> /A	\$	N/A
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 give as subject to future contingencies. If the amount of an expenditure is not know, furnish as estimate and check the box to the left of the estimate.			,
	Transfer Agent's Fee		\$	
	Printing and Engraving Costs		\$	1
	Legal Fees		\$	
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$	
	Total		\$	
		 _		

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPE	NSES AND	USE OF PE	ROCEEDS			
4	b. Enter the difference between the aggregate offering pri- Question 1 and total expenses furnished in response to Part the "adjusted gross proceeds to the issuer."	C – Question 4.a. This diff	erence is			<u>\$</u>	<u>. </u>	1,000,000.00
5	Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response	purpose is not known, furni- otal of the payments listed r	sh an nust equal	Ó Dire	ments to fficers, ectors & filiates			Payments to Others
	Salaries and fees			\$		_ 🗆	\$	
	Purchase of real estate			\$		_ 🗆	\$	····
	Purchase, rental or leasing and installation of machin	nery and equipment		\$		_ 🗆	\$	
	Construction or leasing of plant buildings and facilitie	s		\$		_ 🗆	\$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets	of securities involved in this or securities of another issu	ıer	\$	-	_ 🗆	\$	
	Repayment of indebtedness			\$		_ 🗆	\$	
	Working capital		\boxtimes	<u>\$</u>		_ 🛛	<u>\$</u>	1,000,000.00
	Other (specify):			\$		_ 🗆	\$	
			· 🗆	\$		_ 🗆	\$	
	Column Totals	•••••		\$			\$	
	Total payments Listed (column totals added)				⋈ \$	1,0	00,00	0.00
		D. FEDERAL SIGNATUR	E					
co	is issuer has duly caused this notice to be signed by the undenstitutes an undertaking by the issuer to furnish to the U.S. So the issuer to any non-accredited investor pursuant to paragra	ecurities and Exchange Com						
lss	uer (Print or Type)	ignature K	ALS.		C	ate		
Rie	Design Automation, Inc.	72.		·	F	ebruary	11, 20	005
Na	me of Signer (Print or Type)	itle of Signer (Print or Type)						
Ka	ushik Sheth P	resident						

ATTENTION

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