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

FORM D

Estimated average burden

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

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 i Series A Preferred Stock | indicate change.) |
|--|--|
| Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [| X] Rule 506 [] Section 4(6)] ULOE |
| Type of Filing: [] New Filing [X] Amendment | RECEIVED WAR |
| A. BASIC IDENTIFICATION I | DATA // APR 0 5 2005 |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicat SAEBO, Inc. | te change.) |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 2725 Water Ridge Parkway, Suite 320, Charlotte, NC 28217 | Telephone Number (Including Area Code) (704) 714-2759 |
| Address of Principal Business Operations (Number and Street, City, State, Zip C (if different from Executive Offices) Same as above. | Code) Telephone Number (Including Area Code) |
| Brief Description of Business Sale and manufacture of prosthetic medical equipment. | |
| Type of Business Organization | PROCESSED |
| [X] corporation [] limited partnership, already formed [] business trust [] limited partnership, to be formed | [] other (please specify): APR 0 7 2005 |
| Month Year | THOMSON FINANCIAL |
| Actual or Estimated Date of Incorporation or Organization: [6] [04] | [X] Actual [] Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Servic CN for Canada; FN for other foreign juri | |
| CENEDAL INSTRUCTIONS | |

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (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 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 in 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 state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

MAN TOTAL SERVICE NAME

- 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

| Lacif general and managing parties of parties ship issue. | 10, |
|--|--|
| Check Box(es) that Apply: [X] Promoter [X] Beneficial Own | ner [X] Executive Officer [X] Director [.] Member of Board of Managers |
| Full Name (Last name first, if individual) Hoffman, Henry B., J | ic. |
| Business or Residence Address (Number and Street, City, State, | Zip Code) 2725 Water Ridge Parkway, Suite 320, Charlotte, NC 28217 |
| And the second of the second o | Contract of the Contract of th |
| Check Box(es) that Apply: [X] Promoter [X] Beneficial Own | ner [X] Executive Officer[X] Director [] General and/or Managing Partner |
| Full Name (Last name first, if individual) Farrell, John | |
| Business or Residence Address (Number and Street, City, State, | Zip Code) 2725 Water Ridge Parkway, Suite 320, Charlotte, NC 28217 |
| Check Box(es) that [] Promoter [X] Beneficial [] Apply: | Executive Officer. [] Director [] General and/or Managing Partner |
| Full Name (Last name first, if individual) CHMG Capital, LLC | |
| Business or Residence Address (Number and Street, City, State, 28217 | Zip Code) 2725 Water Ridge Parkway, Suite 300, Charlotte, NC |

| Check Box(es) that Apply: | [] | Promoter | [] | Beneficial Owner | [] | Executive Officer | [X] | Director | [] | General and/or Managing Partner |
|------------------------------|-----------|-------------|--------|---------------------|------------|--|--------------|-------------|--------|------------------------------------|
| Full Name (Last name | first, if | individual) | Wieł | ousch, Todd | | ************************************** | | | | |
| Business or Residence | Addres | ss (Number | and S | treet, City, S | tate, Z | Cip Code) 2725 Wate 28217 | er Rid | ge Parkwa | y, Sui | ite 300, Charlotte, NC |
| Check Box(es) that Apply: | | Promoter | 4 6 77 | Beneficial Owner | [] | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name | first, if | individual) | Farr | ell, Jeffrey E | . , | | | | | |
| Business or Residence | Addres | s (Number | and S | treet, City, S | tate, Z | Zip Code) 164 Burns | ide D | rive. Tona | wand | a, NY 14150 |
| | · . | | | 100 | | | | | | |
| Check Box(es) that Apply: | [] | Promoter | [] | Beneficial Owner | [] | Executive Officer | [X] | Director | [] | General and/or Managing Partner |
| Full Name (Last name | first, if | individual) | Brov | vn, Michael | | | | | | |
| Business or Residence | Addres | ss (Number | and S | treet, City, S | tate, 2 | Zip Code) 2 Ravinia | Drive | Ste. 1350 A | Atlan | ta, GA 30346 |

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

| | | ĝ V (&). | | 7595 3005 | B. INFO | DRMAT] | ION ABO | UT OFF | ERING | | | | |
|---|---|---|---|--|---|---|--|--------------------------------------|---|-------------------------------------|---|---|--------------------|
| 1. Has 1 | the issuer | sold, or o | loes the i | ssuer inte | and to sell | , to non- | accredited | investor | s in this o | ffering?. | | Yes | No [X] |
| Answei | r also in A | ppendix, | Column | 2, if filin | g under U | JLOE. | | | | | | | |
| 2. Wha | t is the mi | nimum i | nvestmen | t that wil | l be accep | oted from | any indiv | /idual? | | | | \$ N/A | |
| 3. Does | the offer | ing perm | it joint ov | wnership | of a singl | e unit? | | ••••• | | | | Yes [X] | No [] |
| indirect securiti register persons | r the infor ily, any co es in the c ed with the to be list oker or dea | ommission offering. In SEC and are assetted as a second are assetted are assetted as a second are a second are as a second are a seco | n or simi If a perso nd/or with sociated p | lar remun n to be lis h a state o | eration for sted is an or states, l | or solicita associate list the na | ation of pu ed person ame of the | irchasers or agent of broker o | in connect of a broke r dealer. I | tion with r or deal f more th | n sales of er nan five (5 |) | |
| Full Na | me (Last | name firs | st, if indiv | vidual) | | | | | | | | | |
| Busin | ess or Res | idence A | ddress (1 | Number a | nd Street | , City, Sta | ate, Zip C | ode) | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | - 10 th gan to | | | | | | |
| Name | of Assoc | iated Bro | ker or De | ealer | | | | | | | | | |
| States | in Which | Person l | Listed Ha | s Solicite | d or Inter | nds to So | licit Purcl | nasers | | | | | |
| (Check [AL] [IL] [MT] [RI] | "All State [AK] [IN] [NE] [SC] | es" or che [AZ] [IA] [NV] [SD] | eck indivi [AR] [KS] [NH] [TN] | idual Stat [CA] [KY] [NJ] [TX] | es) [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [] [GA] [MN] [OK] [WI] | All States [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| ن | me (Last | | | | 17. K.S. | WW. 4.00X | | #1216x | 4176 | | i de la composition | 3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | |
| _ | ess or Res of Assoc | | | | nd Street | , City, St | ate, Zip C | ode) | 1 1870/40 | 1.74,40 | | | |
| | in Which | | | | d or Inter | nds to So | licit Purcl | nasers | | | mg visarak | u १९९७) प्रकृतिक | |
| | | | | | ne. | | | | | | All Cases | | |
| (Check | "All Stat | es" or che | eck indiv | idual Stat | es) | | | | | [] | All States | 11,1 % (11,14) 1744, 1715 | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | ·[GA] | [HI] | [ID] | |
| | [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] | |
| (RT) | [SC] | [SD] | ITNI | וצדו | пт | IVTI | (VA) | [WA] | rwvi | rwr) | (WY) | [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 total amount already sold. Enter "0" if answer is "none" or "zero." If transaction is an exchange offering, check this box " and indicate in the columbelow the amounts of the securities offered for exchange and already exchanged | he ins | |
|---|-----------------------------|--------------------------------------|
| Type of Security | Aggregate Offering Price | Amount Already Sold |
| Debt | \$ 0 | \$ 0 |
| Equity | \$ 700,000 | \$ 600,000 |
| [] Common [X] Preferred | | |
| Convertible Securities (including warrants) | \$ 0 | \$ 0 |
| Partnership Interests | \$ 0 | \$ 0 |
| Other (Specify:). | \$ 0 | \$ 0 |
| Total | \$ 700,000 | \$ 600,000 |
| total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| Accredited Investors | 1 | \$ 600,000 |
| Non-accredited Investors | 0 | \$ 0 |
| Total (for filings under Rule 504 only) | | \$ |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, 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 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 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 | [] | \$ |
| Printing and Engraving Costs | [] | \$ |
| Legal Fees | [X] | \$ 50,000 |
| Accounting Fees | [X] | \$ 2,000 |
| Engineering Fees | [] | \$ |
| Sales Commissions (specify finders' fees separately) | [] | \$ |
| Other Expenses (identify) Finder's Fee | [X] | \$ 50,000 |
| Total | [X] | \$ 102,000 |
| b. Enter the difference between the aggregate offering price given in response to Patotal expenses furnished in response to Part C – Question 4.a. This difference is the proceeds to the issuer." | | \$ 598,000 |
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or prused for each of the purposes shown. If the amount for any purpose is not known, the estimate and check the box to the left of the estimate. The total of the payments list the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4. | furnish an ted must equal | |
| | Payments Officers, Directors, Affiliates | |
| 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) | []\$ | []\$ |

| Total Payments Listed (column totals added) | [X] \$598,0 | 000 |
|---|-------------|---------------|
| Column Totals | []\$ | [X] \$598,000 |
| | []\$ | []\$ |
| Other (specify): | []\$ | []\$ |
| Working capital | []\$ | [X] \$598,000 |
| Repayment of indebtedness | []\$ | []\$ |

| | | | | | GN | | | |
|--|--|--|--|--|----|--|--|--|

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under, <u>Rule 505</u> the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

| Issuer (Print or Type) | Signature | Date |
|------------------------|--|----------|
| SAEBO, Inc. | The state of the s | 411/2005 |
| | | |

ATTENTION

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

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No [] [X]

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 filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption 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 notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print, or Type) | Signature Date | | | | | |
|--------------------------------|---|--|--|--|--|--|
| SAEBO, Inc. | ABG 4/1/2005 | | | | | |
| Name of Signer (Print or Type) | Title (Print or Type) | | | | | |
| | Attorney signing on behalf of Henry B. Hoffman, Jr., President of SAEBO, Inc. | | | | | |

Instruction:

1891

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 | Intend to non-a investor | 1 to sell accredited as in State 3-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 | Series A Preferred Stock | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| AL | | X | 0 | | | | | | X |
| AK | | Ж | 0 | | | | | | X |
| ΑZ | | X | 0 | | | | | | X |
| AR | | X | 0 | | | | | | X |
| CA | | X | 0 | | | | | | X |
| со | | X | 0 | | | | | | X |
| CT | | X | 0 | | | | | | X |
| DE | | X | • | * | | | | | X |
| DC | F-F-1, | X | 0 | · constraint a section | | | | | X |
| FL | | X | 0 | 11.00 | | | | | X |
| GA | | X | 0 | | | | | | X |
| HI | | X | 0 | · · · · · · · · · · · · · · · · · · · | | | | | X |
| ID | | Ж | 0 | | | | | | X |
| IL | | Х | 0 | Wogenges. | - American A.E. | | | | X |
| IN | | X | 0 | | | | | | X |
| IΑ | | Ж | 0 | | AMPA . A . | | | | X |
| KS | | Х | 0 | t t and manufall Milks | at attended that | | | | X |
| KY | | X | 0 | | | | | | X |
| LA | | X | 0 | (1) | | | | | X |
| ME | | X | 0 | | | | | | X |
| MD | | X | 0 | | | | | | X |
| MA | | Ж | 0 | | | | | | X |
| MI | | Ж | 0 | | | | | | X |

| 1 | to non-a | d to sell accredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | а | 4 Type of invitation of the contract of the co | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
|-------|----------|---|--|---|--|--|-----------------|-----|----|
| State | Yes | No | Series A Preferred Stock | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| MN | | X | 0 | | | [| | | X |
| MS | | X | 0 | | | | | | X |
| МО | | Х | 0 | 750 | | | | | X |
| MT | | X | 0 | - Administra | · *** | | | · | X |
| NE | | X | 0 | | | | | | X |
| NV | | X | 0 | | | | | | X |
| NH | | X | 0 | | | | | | X |
| NJ | | X | 0 | | | | | | X |
| NM | | X | 0 | | | | | | X |
| NY | | X | 0 | | | | | | X |
| NC | | X | 600,000 | 1 | 600,000 | 0 | 0_ | | X |
| ND | | X | 00 | | | | | | X |
| ОН | | X | 0 | | | | | | X |
| OK | | X | 0 | | | | | | X |
| OR_ | | X | 0 | 1110000 | | | | | X |
| PA | | X | 0 | | | | | | X |
| RI | | X | 0 | | | | | | X |
| SC | | X | 0 | | | | · · | | X |
| SD | | X | 0 | | | | | | X |
| TN | | X | 0 | | | | | | X |
| TX | | X | 0 | | and the second | | | | X |
| UT | | X | 0 | | e ii eye. | | | | X |
| VT | | X | 0 | | | | | | X |
| VA | | X | 0 | 1 may | | | | | X |
| WA | | X | 0 | | | | | | X |
| WV | | Ж | 0 | | | | | | X |

| 1 | Intend to sell to non-accredited investors in State (Part B-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 | Series A Preferred Stock | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| WI | | X | 0 | | | | | | X |
| WY | | Х | 0 | | | | | | X |
| PR | | X | 0 | | | | | | X |