### 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.

FORM D

s

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

76 05055966

FORM D

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

SEC USE ONLY				
Prefix		Serial		
DA	TE RECEIV	ED		

Name of Offering ( check if this is an amendment and name has changed, and indicate cl	hange.)					
Series E Preferred Stock Financing						
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505	Rule 506 ☐ Section 4(6) ☐ ULOE					
Type of Filing: ■ New Filing □ Amendment	PROCESSED_					
A. BASIC IDENTIFICATION DA	ATA AND					
Enter the information requested about the issuer	AUG 05 2005					
Name of Issuer ( check if this is an amendment and name has changed, and indicate c						
Aperto Networks, Inc.	MOASON C					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) A.					
1637 S. Main Street, Milpitas, CA 95035	(408) 719-9977					
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
(if different from Executive Offices)						
Brief Description of Business	MEGELAED ACCOUNTS					
Wireless access systems and networks						
	( AUG 0 2 2005 )					
Type of Business Organization						
■ corporation ☐ limited partnership, already formed	other (please specify):					
□ business trust □ limited partnership, to be formed	THE YES					
Month	Year					
Actual or Estimated Date of Incorporation or Organization:						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for Canada; FN for other foreign jurisdiction)	CA					

## GENERAL INSTRUCTIONS

#### 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.

2510AQ N3 1 of 8

## A. BASIC IDENTIFICATION DATA

- 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

Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Ahy, Reza			
Business or Residence Address (Number and Street, City, State, Zip Cod	e)		
1637 S. Main Street, Milpitas, CA 95035			
Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Alliance Ventures	•		
Business or Residence Address (Number and Street, City, State, Zip Cod	e)		
2575 Augustine Drive, 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)			
Canaan Equity III, L.P.			
Business or Residence Address (Number and Street, City, State, Zip Cod	le)		NAME OF TAXABLE PARTY O
2765 Sand Hill Road, Menlo Park, CA 94025			
Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Satwik Fund I, LLC			
Business or Residence Address (Number and Street, City, State, Zip Coo	ie)		
100 Century Center Couard, Suite 503, San Jose, CA 95112			
Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first, if individual)			
Tyco International Finance Alpha			
	de)	<del></del>	
Business or Residence Address (Number and Street, City, State, Zip Coo			
Business or Residence Address (Number and Street, City, State, Zip Coo	,		
	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Business or Residence Address (Number and Street, City, State, Zip Coo 3 Holland Way, Exeter, NH 03833		☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Cod 3 Holland Way, Exeter, NH 03833  Check Box(es) that Apply:  Promoter  Beneficial Owner  Full Name (Last name first, if individual)		□ Director	
Business or Residence Address (Number and Street, City, State, Zip Coc 3 Holland Way, Exeter, NH 03833  Check Box(es) that Apply:   Promoter  Beneficial Owner	☐ Executive Officer	□ Director	

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

## A. BASIC IDENTIFICATION DATA

### 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

Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
JK&B Capital III,L.P., JK&B Capital IV , L.P.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
180 N. Stetson Place, Suite 4500, Chicago, IL 60601			
Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Jafco Technology Partners			
Business or Residence Address (Number and Street, City, State, Zip Code)			
505 Hamilto Avenue, Suite 310, Palo Alto, CA 94301			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Reddy, C.N. <sup>1</sup>			
Business or Residence Address (Number and Street, City, State, Zip Code)		* * * * * * * * * * * * * * * * * * * *	
2575 Augustine Drive, 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)			
DaValle, Al, Jr. <sup>2</sup>			
Business or Residence Address (Number and Street, City, State, Zip Code)			
180 N. Stetson Place, Suite 4500, Chicago, IL 60601			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Kamra, Deepak <sup>3</sup>			
Business or Residence Address (Number and Street, City, State, Zip Code)			
2765 Sand Hill Road, Menlo Park, CA 94025			
Pusiness or Pasidence Address Number and Street City State 7in Code)			

<sup>1</sup> C.N. Reddy, a director of the issuer, is a Principal of Alliance Ventures, L.P. which owns shares of the capital stock of the Issuer. Mr. Reddy disclaims beneficial ownership of the shares held by Alliance Ventures L.P. except to the extent of his proportionate interest therein.

<sup>&</sup>lt;sup>2</sup> Al DeValle, Jr., a director of the issuer, is a Principal of JK&B Capital III, L.P. and JK&B Capital IV, L.P. which owns shares of the capital stock of the Issuer. Mr. DeValle disclaims beneficial ownership of the shares held by JK&B Capital III, L.P. and JK&B Capital IV, L.P. except to the extent of his proportionate interest therein.

<sup>3</sup> Deepak Kamra, a director of the issuer, is a Principal of Canaan Equity III, L.P. which owns shares of the capital stock of the Issuer. Mr. Kamra disclaims beneficial ownership

## A. BASIC IDENTIFICATION DATA

- 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

Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	□ Ex	ecutive Officer	■ Director		General and/or Managing Partner
Full Name (Last name first, i	f inc	lividual)						
Semmoto, Sachio								
Business or Residence Addre	SS	(Number and	1 Street, City, State, Zip Code	<del>;</del> )				
C/o eAccess, Ltd., 3-8-21,	Tor	anomon, Mi	nato-Ku,105-0001, Tokyo,	Japan				
Check Box(es) that Apply:	_		☐ Beneficial Owner		ecutive Officer	■ Director		General and/or Managing Partner
Full Name (Last name first,	f inc	dividual)						
Nelson, Rod								
Business or Residence Addre	ess	(Number and	d Street, City, State, Zip Code	e)				
1637 S. Main Street, Milpi	tas,	CA 95035						
Check Box(es) that Apply:			☐ Beneficial Owner	□ Ex	ecutive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first,	if in	dividual)						
Business or Residence Addr.	222	(Number and	d Street, City, State, Zip Code	e)				
Dubinoss of Residence Made	-00	(r tallioor air	a street, only, state, sip cour	<i>-</i> ,				
Check Box(es) that Apply:	п	Promoter	☐ Beneficial Owner	ПБу	ecutive Officer	☐ Director		General and/or
Check Box(cs) that Apply.	_	Tromoter	Delicheral Owner			Director		Managing Partner
Full Name (Last name first,	if in	dividual)						
Business or Residence Addr	ess	(Number an	d Street, City, State, Zip Cod	e)				
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	□ Ex	ecutive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first,	if in	dividual)						
Business or Residence Addr	ess	(Number an	d Street, City, State, Zip Cod	e)	<u> </u>			
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	□ E2	recutive Officer	☐ Director		General and/or Managing Partne
Full Name (Last name first,	if in	idividual)					**	managing raithe
Business or Residence Add		(Mumbor	nd Street, City, State, Zip Cod	(a)				

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

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		=
2. What is the minimum investment that will be accepted from any individual?	\$ <u>N/A</u>	
	Yes	No
3. Does the offering permit joint ownership of a single unit?		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker 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 only.		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		l States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[ ID ] [ MO ] [ PA ] [ PR ]	· otatos
Full Name (Last name first, if individual)	<del></del>	<del></del>
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ Al	1 States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[ ID ] [ MO ] [ PA ] [ PR ]	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		<b></b>
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	☐ A [ ID ] [ MO ] [ PA ] [ PR ]	

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

Type	already exchanged. e of Security	Aggregate Offering Price	Amount Already Sold
	of Security	_	
	uity		
Equi	☐ Common ■ Preferred	Ψ <u>17,770,013.47</u>	Ψ <u>10,230,040,07</u>
Con	evertible Securities (including warrants)	\$	\$
	tnership Interests		
Othe	er (Specify)	\$	
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
offer the r	er the number of accredited and non-accredited investors who have purchased securities in ring and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate of persons who have purchased securities and the aggregate dollar amount of the chases on the total lines. Enter "0" if answer is "none" or "zero."	cate	Апатеазта
	Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 16,250,846.07
	Non-accredited Investors		
	Total (for filings under Rule 504 only)	13	\$ <u>16,250,846.07</u>
3. If th	Answer also in Appendix, Column 4, if filing under ULOE.  anis filing is for an offering under Rule 504 or 505, enter the information requested for all seconds.	urities	
	1 by the issuer, to date, in offerings of the types indicated, in the twelve (12) months the first sale of securities in this offering. Classify securities by type listed in Part C - Question		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		
	Regulation A		
	Rule 504		\$
	Total		_ \$0
T	Furnish a statement of all expenses in connection with the issuance and distribution ecurities in this offering. Exclude amounts relating solely to organization expenses of the The information may be given as subject to future contingencies. If the amount of an expendituot known, furnish an estimate and check the box to the left of the estimate.	issuer.	
	Transfer Agent's Fees		□ \$
	Printing and Engraving Costs		<b>S</b>
	Legal Fees		<b>\$</b> 175,000.00
	Accounting Fees		□ \$
	Engineering Fees		<b>\$</b>
	Sales and Commissions (specify finders' fees separately)		<b>\$</b>
			□ \$
	Other Expenses (identify)	***********	LJ 5
	Other Expenses (identify)  Total		■ \$ <u>175,000.0</u>

		R OF INVESTORS, EXPENSES AND 1	USE	OF PROCEE	DS	
	b. Enter the difference between the aggregate offetion 1 and total expenses furnished in response to Pathe "adjusted gross proceeds to the issuer."				_	\$ 19,823,815.47
5.	Indicate below the amount of the adjusted gross proceused for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer set for above.	or any purpose is not known, furnish an. The total of the payments listed must				<u> </u>
				Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of machine	ery and equipment		\$		\$
	Construction or leasing of plant buildings and facilities	es		\$		\$
	Acquisition of other businesses (including the value that may be used in exchange for the assets or sec merger)	curities of another issuer pursuant to a		\$		\$
	Repayment of indebtedness			\$		\$
	Working capital	•••••		\$		\$ <u>19,823,815.47</u>
	Other (specify):			\$		\$
				\$		\$
	Column Totals			\$0		\$ <u>19,823,815</u>
	Total Payments Listed (column totals added)			<b>■</b> \$1	9,823	,815.47
	I	D. FEDERAL SIGNATURE				
ollo	issuer has duly caused this notice to be signed by the owing signature constitutes an undertaking by the issuer is staff, the information furnished by the issuer to any no	to furnish to the U.S. Securities and Excl	hang	e Commission,	upon v	
ssu	er (Print or Type)	Signature		D	ate	
	erto Networks, Inc.	THE X			60	27.05
Van	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
₹e:	za Ahy	President				

# - ATTENTION -

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