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





Name of Offering (check if this is an amendment and name has changed, and i A-1 TECHNOLOGY GROUP INC.	ndicate change.)
Filing Under (Check box(es) that apply): Rule 504 XX tule 505 Rule 50	
Type of Filing: XXNew Filing	
A. BASIC IDENTIFICATION DAT	A 1년 1/영화
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and ind A-1 TECHNOLOGY GROUP INC.	cate change.)
Address of Executive Offices (Number and Street, City, State, Zip Code 2541 Monroe Ave. Suite 301 Rochester NY 14618	Telephone Number (Including Area Code) 585-244-1840
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	
Telecom	V PROCESSE
Type of Business Organization	John Town
**************************************	Other (please specify):
☐ business trust ☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: 3 0 5 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service CN for Canada; FN for other foreig	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption et seq. or 15 U.S.C. 77d(6).	under Regulation D or Section 4(6), 17 CFR 230.301
When To File: A notice must be filed no later than 15 days after the first sale of secthe U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is if received at that address after the date on which it is due, on the date it was mailed by U	received by the SEC at the address given below or,
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 whice signed must be photocopies of the manually signed copy or bear typed or printed signed.	
Information Required: A new filing must contain all information requested. Amendmeing, any changes thereto, the information requested in Part C, and any material changes A and B. Part E and the Appendix need not be filed with the SEC.	nts need only report the name of the issuer and offer- les from the information previously supplied in Parts
Filing Fee: There is no sederal filing see.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exerthat have adopted ULOE and that have adopted this form. Issuers relying on ULOE mus in each state where sales are to be, or have been made. If a state requires the payment	t file a separate notice with the Securities Administrator

tion, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state

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

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

exemption is predicated on the filing of a federal notice.

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:
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) DIAMOND MORRIS Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director □ General and/or Managing Partner Full Name (Last name first, if individual) DIAMOND SHIRLEY Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 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 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) 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
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:
• 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) DIAMOND MORRIS Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☑ General and/or Managing Partner Full Name (Last name first, if Individual) DIAMOND SHIRLEY Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 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 Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director □ General and/or Managing Partner
• 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) DIAMOND MORRIS Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☑ General and/or Managing Partner Full Name (Last name first, if Individual) DIAMOND SHIRLEY Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 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 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) DIAMOND MORRIS Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☑ General and/or Managing Partner Full Name (Last name first, if individual) DIAMOND SHIRLEY Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 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 Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director □ General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 Check Box(es) that Apply:
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if Individual) DIAMOND SHIRLEY Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 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 Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner
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Managing Partner Full Name (Last name first, if Individual) DIAMOND SHIRLEY Business or Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 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 Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Executive Officer □ Director □ General and/or
Business of Residence Address (Number and Street, City, State, Zip Code) 105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 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 Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618 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 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) 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
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
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full Name (Last name first, if Individual) SOUTHWARD INVESTMENT
Business or Residence Address (Number and Street, City, State, Zip Code) 2541 MONROE AVE. ROCHESTER, NEW YORK 14618
Check Box(es) that Apply: Promoter Deneficial Owner Dexecutive Officer Director Deneral and/or Managing Partner
Full Name (Last name first, if individual)
TRAMDOT DEVELOPMENT CORP.
Business or Residence Address (Number and Street, City, State, Zip Code)
2541 MONROE AVE. ROCHESTER, NEW YORK 14618
Check Box(es) that Apply: Promoter & Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) LIVINGSTON REALTY
Business or Residence Address (Number and Street, City, State, Zip Code)
105 SOUTHERN PARKWAY ROCHESTER, NEW YORK 14618
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 Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. II	NFORMA"	IION ABO	OUT OFFI	ERING					
1. Has	the issuer s	oid, or do	es the issu	er intend	to sell, to	non-accre	dited inves	tors in this	offering?		, .	Yes . ₹	No
			Ans	wer also i	n Appendi	x, Column	a 2, if filin	g under U	LOE.				
2. What	t is the min	imum inv	estment th	at will be	accepted f	rom any i	ndividual?					. \$_ <u>•</u> -	10
3. Does	the offerin	ng permit	ioint owne	rship of a	single uni	17	•		, ,			Yes K)	No
	r the inform										v commis	_	
sion o to be list th	or similar re listed is an ne name of ealer, you n	muneration associate the broke	on for solic d person o r or dealer	itation of present of the state	purchas <mark>ers</mark> a broker c than five (in connect or dealer re 5) persons	ion with sa egistered w to be liste	iles of secu- ith the SE d are asso	rities in the C and/or v	offering. I with a state	lf a persor	1	
Full Name	: (Last nam	e first, if	individual)									
Business o	r Residence	Address	(Number	and Street	, City, Sta	te, Zip Co	ode)	·					
Name of A	Associated	Broker or	Dealer							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· • · · · · · · · · · · · · · · · · · ·		
States in \	Which Pers	on Listed	Has Solici	ted or Int	ends to So	licit Purch	ıasers	·····	·····	·	· · · · · · · · · · · · · · · · · · ·		
(Check	"All States	or chec	k individu	al States).	<i>.</i>	· · · · · · · · · · ·							States
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a dir I varii	c (Last Hall	ic mist, n	maryada	,									
Business o	or Residenc	e Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)					***************************************	
Name of	Associated	Broker or	Dealer	· · · · · · · · · · · · · · · · · · ·	\.'								
States in	Which Pers	on Listed	Has Solic	ited or Int	ends to Sc	olicit Purch	1asers						
	"All States									<i>.</i>			States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	1
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	-
[MT] [RI]	[NE] [SC]	[NV] [SD]	[HH] [TH]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	{OK} {WI}	{OR} [WY]	[PA [PR	
	e (Last nan						(*A)						
t uit 14ain	e (Last nan	ie mst, n	muividua	·)									
Business of	or Residence	e Address	(Number	and Street	t, City, Sta	ate, Zip Co	ode)						
Name of	Associated	Broker o	r Dealer			· · · · · · · · · · · · · · · · · · ·	٠.						
01		2.0.0.0											
States in	Which Pers	on Listed	Has Solic	ited or Int	ends to So	olicit Purcl	hasers						
(Check	"All State	s" or che	ck individu	al States)									
[AL]	[AK]	[AZ]	{AR}	{CA}	[CO]	[CT]	[DE]	[DC]	[FL]	{GA}	[HI]	[ID	
{ IL } [MT]	[IN] [NE]	[]A] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	ME)	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[M(
[RI]	[SC]	[SD]	(NT)	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PF	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	OF PROCEEDS:	
Į,	Enter the aggregate offering price of securities included in this offering and the total amount chready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box of 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	\$00	500
	EquityEXCHANGE.6.027.496.COMMON.SHARES	5 _6027.50	5_6027_50
	Q Common □ Preferred	,	
	Convertible Securities (including warrants)	\$00	500
	Partnership Interests	s oo	\$00
	Other (Specify)		
	Total	\$_6027.50	5 6027.50
	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	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$00
	Non-accredited Investors	<u>715.</u>	s 6027.50
	Total (for filings under Rule 504 only)	715.	s 6027.50
	Answer also in Appendix, Column 4, if siling 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	Type of Security	Dollar Amount Sold
	Rule 505		500_
	Regulation A		soo_
	Rule 504	common.	s 6027.50
	Total		s 6027.50
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	0	\$_900.00
	Legal Fees	0	s_2500.00
	Accounting Fees	0	<u>s_1500.00</u>
	Engineering Fees		s <u>.00</u>
	Sales Commissions (specify finders' fees separately)		s <u>.00</u>
	Other Expenses (identify) POSTAGE AND MAILING		<u>s_1025.00</u>

C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE	of proceeds			
b. Enter the difference between the aggregate offering price given in response to Part C - 6 tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference "adjusted gross proceeds to the issuer."	is the		5	102.	50_
idicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnicationate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b a	sh an equal	•			
The 20justed gross proceed to the table? Set for all the posses to 1 at 0 1 Quantum 4.5 a	00.0.	Payments to Officers, Directors, & Affiliates	P	ayment Other	
Salarica and loca	□ s.	oò	□ s_	·	-00
Purchase of real estate	□ \$.	.00	□ \$		٩
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)					
Repayment of indebtedness					
Working capital	. 🗆 s	0	D 2_	_1.0.2	_50_
Other (specify):	_ 🗆 s	00	□ s_		_00_
	- n:	. 00	∩ <i>t</i>		. 00
Column Totals					
Total Payments Listed (column totals added)	•	□ s	102.5	Ω_	
D, FEDERAL SIGNATURE		^		1.0	The second
The issuer has duly caused this notice to be signed by the undersigned duly authorized pers sollowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities quest of its staff, the information surnished by the issuer to any non-accredited investor p	and I	Exchange Comm	ission, up	on wri	itten re-
Issuer (Print or Type) A-1 TECHNOLOGY GROUP INC.		Dat	c June	20,	2005
Name of Signer (Print or Type) Title of Signer (Print or Type)	(7) K	<u> </u>			
MORRIS DIAMOND PRESIDENT					

-ATTENTION-

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

	E. STATE SIGNATURE	
	d), (e) or (f) presently subject to any of the disqualifica	
See Ap	pendix, Column 5, for state response.	,
2. The undersigned issuer hereby undertakes to fur Form D (17 CFR 239.500) at such times as req	mish to any state administrator of any state in which the uired by state law.	is notice is filed, a notice on
3. The undersigned issuer hereby undertakes to fur issuer to offerees.	rnish to the state administrators, upon written request,	information furnished by the
	r is familiar with the conditions that must be satisfied to in which this notice is filed and understands that the is get that these conditions have been satisfied.	
The issuer has read this notification and knows the cundersigned duly authorized person.	contents to be true and has duly caused this notice to b	e signed on its behalf by the
Issuer (Print or Type)	Significan	Date
A-1 RECHNOLOGY GROUP INC.	Morris Humans	June 20, 2005
Name (Print or Type) MORRIS DIAMOND	Title (Pint or Type) PRESIDENT	

Instruction:

4.5.00

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.

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.1		I	Type of security						ification	
	Intend		and aggregate offering price		T (innetes and		(if yes,	attach	
	investors		offered in state		Type of investor and unount purchased in State					
	(Рап В	Item 1)	(Part C-Item1)		(Part C-Item 2)					
				Number of Accredited		Number of Non-Accredited				
State	Yes	No	СОММОИ	Investors	Amount	Investors	Amount	Yes	No	
AL		NO							ИО	
AK		ЙО							ИО	
AZ		NO				ä	.30		ЙО	
AR		NO							ИО	
СА		ΝΟ				9	1.70		NO	
со		ИО				22	20	ļ <u>.</u>	МО	
СТ	· · · · · ·	NO				6	1.60		NO	
DE		NO.							NO	
DC		NO							ИО	
. <u>L</u>		NO				34	4.47		ИО	
GA		NO				11	.10		ИО	
HI		NO			~				NO	
1D		NO							NO	
IL		NO				2	.97		NO	
IN		NO				11	.20		ИО	
IA		_NO_							NO	
KS		NO							NO	
KY		NO							МО	
LA		· NO							NO	
ME	ļ	NO							NO	
MD		NO			:	5	.90)	NO	
MA		ИО				5	1.62	?	NO	
MI		NO							NO	
MM		NO				_		\ <u></u>	NO	
MS	· .	ИО				-			NO	
МО		NO						<u> </u>	NO	

APPENDIX

1	Intend to non-a investors (Part B	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)	Number of	Type of investor and whount purchased in State (Part C-Item 2)				
State	Yes	N'o	СОММОИ	Accredited	Amount	Number of Non-Accredited Investors	Amount	Yes	_ No
MT		NO							NO
NE		NO							NO
NA		NO							NO
НИ		NO			•				ИО
۲IJ		ИО				8	1.65		NO
MM		NO							NO
YM		МО				610	5945.60		МО
N.C		ИО				1	.10		ИО
ND		ИО							МО
ОН		NO				7	37.03		NO
(}	NO							NO
OR		NO							NO
PA		NO			·	В	2.50		NO
RI		NO			1	11	10)	N.O
SC		NO				1	.10)	NO
SD		NO							ИО
TN		NO				1	.10)	NO
TX		ИО		·		3	.70)	NO
UT		ИО							ИО
VT		NO				1	.10		ИО
VA.		NO				1	.10		NO
WA		NO			·	4	27.20	1	NO
WV		NO							NO
WI		NO							МО
<u></u>	-	NO							NO
PR		NO							ИО