30054/

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



| 1 | SEC USE ONLY | | | | | |
|---|---------------|--------|--|--|--|--|
| | Prefix | Serial | | | | |
| I | | | | | | |
| I | DATE RECEIVED | | | | | |
| | | | | | | |
| | | | | | | |

| Name of Offering (Check if this is an amendment and name has changed, and indicate change.) | | | | | | |
|--|--|--|--|--|--|--|
| Issuance of Convertible Promissory Notes and Warrants to purchase Preferred Stock and the Common Stock issuable upon | | | | | | |
| conversion of the Notes and Warrants. | | | | | | |
| File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE | | | | | | |
| Type of Filing: New Filing Amendment | | | | | | |
| A. BASIC IDENTIFICATION DATA | | | | | | |
| 1. Enter the information requested about the issuer | | | | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | | | | | | |
| MOBILEPEAK HOLDINGS, LTD. | | | | | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) | | | | | | |
| 2088 RIVERSIDE LANE, BOULDER, CO 80304 (303) 819-7603 | | | | | | |
| 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 APROCESSED | | | | | | |
| Type of Business Organization | | | | | | |
| Corporation limited partnership, already formed other (please specify): JUL 22 2005 | | | | | | |
| business trust limited partnership, to be formed | | | | | | |
| Month Year FINANCIAL | | | | | | |
| Actual or Estimated Date of Incorporation or Organization: 0 1 0 5 Actual Estimated | | | | | | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | | | | | | |
| CN for Canada; FN for other foreign jurisdiction) F N | | | | | | |

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.

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.

Potential persons who are to 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) 1 of 5 24766/00600/DOCS/1543778.1

| securities of the issi | uer; cer and director of | corporate issuers and of co | r direct the vote or dispos | | |
|---|-----------------------------|------------------------------|-----------------------------|------------|---------------------------------|
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, in Munsinger, David | | | | | |
| Business or Residence Addre c/o MOBILEPEA | | | E LANE, BOULDER, O | CO 80304 | |
| Check Box(es) that Apply: | Promoter | ☑ Beneficial Owner | ☑ Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, in Zou, Qiuzhen | f individual) | | | | |
| Business or Residence Addre c/o MOBILEPEA | | - | E LANE, BOULDER, O | CO 80304 | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☑ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, it Lee, Shawn | findividual) | | | | |
| Business or Residence Addre | | | E LANE, BOULDER, (| CO 80304 | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, it | findividual) | | | | |
| Business or Residence Addre | ss (Number and Str | reet, 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, it | f individual) | | | | |
| Business or Residence Addre | ss (Number and Str | eet, City, State, Zip Code) | <u> </u> | · · · · | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, in | f individual) | | | | |
| Business or Residence Addre | ss (Number and Str | reet, 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, i | f individual) | | | | |
| Business or Residence Addre | ss (Number and Str | reet, City, State, Zip Code) | | | |
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| | | | | | |

Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

2 of 5

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

| | | | | | B. INFOR | UVIA I I UN | ABOUT | FFERING | | | | |
|--|---|--|---------------------------------------|---|--|---|--|---|---------------------------------------|---------------------------------|-------------|--------------|
| 1. | Has the issuer | sold, or do | es the issu | er intend t | to sell, to n | on-accredit | ed investors | in this offer | ring? | | Yes | No |
| | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | | |
| 3. | 3. Does the offering permit joint ownership of a single unit? | | | | | | Yes ⊠ | No | | | | |
| | Enter the info commission of If a person to or states, list the broker or deale | r similar re be listed is he name of | muneratio an association the broke | n for solic ated persor r or dealer | itation of print of a second of the contract o | ourchasers in of a broker than five (5) | n connection or dealer re persons to | on with sales gistered with be listed are | s of securities of the SEC a | es in the offe ind/or with a | ering. | |
| Full l | Name (Last na NONE | me first, if | individual | l) | | | | | | | | |
| Busin | ness or Resider | nce Addres | s (Numbe | r and Stree | et, City, Sta | ate, Zip Cod | le) | | | | | |
| Name | e of Associated | d Broker or | Dealer | | | <u> </u> | | | | | | |
| 4 | s in Which Per heck "All State | | | | | | | | | | | ☐ All States |
| [A] | L] [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [] [| .] [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [M | T] [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [R | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full | Name (Last na | me first, if | individua | l) | | V | | | · · · · · · · · · · · · · · · · · · · | · | | |
| Busin | ness or Reside | nce Addres | s (Numbe | r and Stree | et, City, Sta | ate, Zip Cod | le) | | | <u> </u> | | |
| Nam | e of Associated | d Broker or | r Dealer | - | | | | - | | | | |
| | s in Which Per heck "All State | | | | | | | | | | | ☐ All States |
| [A] | L] [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [][| | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [M | T] [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [R | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [W] | [WY] | [PR] |
| Full | Name (Last na | me first, if | individua | l) | | | | | | · | | |
| Busin | ness or Reside | nce Addres | s (Numbe | r and Stree | et, City, Sta | ate, Zip Cod | le) | | | | | |
| Nam | e of Associated | d Broker o | r Dealer | | · | · | | | | | | |
| | s in Which Per heck "All State | | | | | | | | | | | ☐ All States |
| (A] | | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [11] | | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [M | | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [MI] | [OK] | [OR] | [PA] |
| [N] | | [SD] | [TN] | [TX] | IUTI | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| 1.1 | لياور بيا | וענו | 1 1 1 7 1 | 1 4 /3 1 | 1011 | , y I) | , , 🗥 1 | 1 77 /3 1 | , 77 Y J |) 77 ± 1 | , ,, , , | 1 4 4 1 |

(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 \square 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 ☐ Preferred | | |
| | Convertible Securities (Promissory Notes and Warrants) | \$4,304,905.48 | \$4,304,905.48 |
| | Partnership Interests | \$0 | \$0 |
| | Other (Specify) | \$0 | \$0 |
| | Total | \$4,304,905.48 | \$4,304,905.48 |
| | 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." | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | 8 | \$ <u>4,304,905.48</u> |
| | Non-accredited Investors | 0 | \$0 |
| | Total (for filings under Rule 504 only) | 0 | \$0 |
| 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 | N/A | \$0 |
| | Regulation A | N/A | \$0 |
| | Rule 504 | N/A | \$0 |
| | Total | N/A | \$0 |
| 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 | \ | \$To Be Determined |
| | Accounting Fees | |] \$ |
| | Engineering Fees | |] \$ |
| | Sales Commissions (specify finder's fees separately) | |] \$ |
| | Other Expenses (identify) | | \$ |
| | Total | \S | \$To Be Determined |

| | C. OFFERING PRICE, N | NUMBER OF INVESTORS, EXPENSE | S AND USE OF PRO | CEEDS |
|-----|---|---|--|------------------------------|
| | b. Enter the difference between the ag Question 1 and total expenses furnished in re "adjusted gross proceeds to the issuer." | sponse to Part C - Question 4.a. This diffe | rence is the | \$ <u>4,304,905.48</u> |
| 5. | Indicate below the amount of the adjusted gused for each of the purposes shown. If the estimate and check the box to the left of th equal the adjusted gross proceeds to the iss above. | e amount for any purpose is not known, for estimate. The total of the payments list | urnish an sted must | |
| | | | Payme Officer Directo Affilia | rs, ors, & Payments To |
| | Salaries and fees | | 🔲 \$ | \$ |
| | Purchase of real estate | | | 🛛 |
| | Purchase, rental or leasing and installation | on of machinery and equipment | 🔲 \$ | \$ |
| | Construction or leasing of plant building | s and facilities | 🗀 \$ | \$ |
| | Acquisition of other business (including offering that may be used in exchange for issuer pursuant to a merger) | the value of securities involved in this or the assets or securities of another | 🔲 \$ | 🗆 \$ |
| | Repayment of indebtedness | | | \$ |
| | Working capital | | 🗆 \$ | \$4,304,905.48 |
| | Other (specify): | | _ | |
| | | | _ | \$ |
| | | | 🛘 \$ | \$4,304,905.48 |
| | Total Payments Listed (column totals ad | ded) | ···· | ⊠ \$4,304,905.48 |
| | | | | |
| | | D. FEDERAL SIGNATURE | · · · · · · · · · · · · · · · · · · · | |
| oll | e issuer has duly caused this notice to be sign owing signature constitutes an undertaking by ts staff, the information furnished by the issuer | the issuer to furnish to the U.S. Securities | and Exchange Comm | ission, upon written request |
| | ner (Print or Type) DBILEPEAK HOLDINGS, LTD. | Signature | Date July (4, 2 | 005 |
| | ne or Signer (Print or Type) AWN LEE | Title of Signer (Print or Type) SECRETARY | | |

ATTENTION

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