FORM D

PROCESSED
SEP 02 205

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

FORM D

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

OMB APPROVAL

OMB Number: 3235-0076

Expires: December 31, 1996
Estimated average burden
hours per form........... 16.00

SEC USE ONLY



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Traille of Offering (Circle if this is an amendment and name has changed, and ma	icate change.)
Backshop, Inc.: Issuance of Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	A THOUSENED WAS
A. BASIC IDENTIFICATION I	DATA 5°
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate	
Backshop, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
85 Liberty Ship, Sausalito, CA 94965	415-332-1110
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	
Clothing Retail	
Type of Business Organization	
corporation [] limited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 7 0 0	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service about	
CN for Canada; FN for other foreign ju	

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.

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2. Enter the information requested for the fo	ollowing:	TIFICATION DATA	·	
 Each promoter of the issuer, if the i Each beneficial owner having the posecurities of the issuer; 			ion of, 10% or i	more of a class of equity
 Each executive officer and director Each general and managing partner 	-	f corporate general and ma	naging 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) John Flaherty				
Business or Residence Address (Number a 85 Liberty Ship Way, Sausalito, CA 94965	• •	Code)		
Check Box(es) that Apply:	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd 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 a	nd 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 a	nd 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 a	nd Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			• •	
Business or Residence Address (Number a	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)	······································	1		
Business or Residence Address (Number a	nd Street, City, State, Zip	Code)		

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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 a	nd 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 a	nd 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 a	nd Street, City, State, Zip	Code)	**********	
Check Box(es) that Apply:	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd 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 a	nd 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 a	nd 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 a	nd Street, City, State, Zip	Code)		

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				B. IN	FORMAT	ION ABO	UT OFFE	RING				
1. Has the	e issuer solo	l, or does th					estors in thi				Y	es No
2. What is	s the minim	um investn					-					\$1 -
	he offering										Y	es No
sion or to be li the nan	the informate similar renated is an anime of the brown y set forth to	nuneration issociated p oker or dea	for solicitat erson or ag ler. If mor	ion of purc ent of a br e than five	hasers in cooker or dea (5) persons	onnection valer register to be listed	vith sales of red with the	f securities SEC and/	in the offe or with a s	ring. If a tate or stat	person es, list	
Full Name	(Last name	e first, if in	dividual)									
Business o	r Residence	Address (l	Number and	Street, Cit	ty, State, Zi	ip Code)						
Name of A	Associated B	Broker or D	ealer								_	 .
States in V	Vhich Perso	n Listed Ha	as Solicited	or Intends	to Solicit Pr	ırchasers						· · · · · · · · · · · · · · · · · · ·
(Check "	All States"	or check in	dividual Sta	tes)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	(NE) [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC]· [VA]	[ND]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	(Last name					[1]	[14]	[WA]	[** *]	[** 1]	[44 1]	ĮI KJ
			·			•						
Business o	r Residence	Address (l	Number and	Street, Cit	ty, State, Zi	ip Code)						
Name of A	Associated B	Broker or D	ealer									
States in V	Vhich Perso	n Listed Ha	as Solicited	or Intends	to Solicit Pr	ırchasers		· , ,		***************************************		
	All States"											☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	(NM) [UT]	(NY) [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [W]]	{OR} [WY]	[PA] [PR]
	(Last name	<u> </u>		(111)			[,,,]	[, , , ,]		£ 11,43	[,, 2]	
			· · · · · · · · · · · · · · · · · · ·									
Business o	r Residence	Address (1	Number and	Street, Cit	ty, State, Z	ip Code)						
Name of A	Associated E	Broker or D	ealer					······································				
States in V	Vhich Perso	n Listed He	as Solicited	or Intends	to Solicit P	ırchasers						
	All States"											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[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]
וז פו	(SC)	(CD)	ITMI	(TV)	CUTI	(VT)	TV A 1	CW/A1	awa	CWD	rwwi	(DD)

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

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	F PRO	OCEEDS		<u> </u>
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 fering Price		nt Already Sold
	Debt	\$		\$	
	Equity	\$	653,000	- <u> </u>	653,000
	☐ Common ☐ Preferred				` .
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$		\$	
	Other (Specify)	\$		\$	
	Total	\$	653,000	\$	653,000
	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 Investors	Dolla	ggregate ar Amount Purchases
	Accredited Investors		11	\$_	653,000
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)		11	<u> </u>	653,000
	Answer also in Appendix, Column 4, if filing under ULOE.				
sol	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities d by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first e of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		Type of Security	Dolla	ar Amount Sold
					00.0
	Rule 505				
	Regulation A				
	Rule 504			\$_	· · · · · · · · · · · · · · · · · · ·
	Total		0	\$	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			\$	0
	Accounting Fees.			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	* ,, ***

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0

\$

	C. OFFERING PRICE, NO	MIDER OF INVESTORS,	EAT ENSES A	III	USE OF I	NUCEE	נע		
P	Enter the difference between the sponse to Part C - Question 1 and and C - Question 4.a. This difference suct."	total expenses furnished is the "adjusted gross	in response proceeds to	to the				\$	653,000
5, It p: p: e:	dicate helow the amount of the adjusted opposed to be used for each of the purpose is not known, furnish an estimate timate. The total of the payments occods to the issuer set forth in response to Part C	I gross proceeds to the proces shown. If the and check the box to listed must equal the	issuer used amount for the left of	or any the					
ν.	access to the issuel set forth in response to 1 th C	- Question 4.0 anote.			Paymen Office Director Affilia	rs, &			Payments to Others
	Salaries and fees	,		Π.	\$		ш	_2	
	Purchase of real estate		**********************	α.	\$			<u>\$</u>	
	Purchase, rental or leasing and installation of	machinery and		U.	<u>s</u>			_\$	·····
	Construction or leasing of plant buildings and	facilities			\$			\$	
	Acquisition of other business (including the vinvolved in this	alue of securities			•				
	offering that may be used in exchange for the another				\$		П	\$	
	issuer pursuant to a merger)			•					
	Repayment of indebtedness			υ.	\$			\$. <u></u>
	Working capital	·	••••••		<u>s</u>		a	_\$	653,000
	Other (specify):								
٠					\$		۵	_\$_	
	Column Totals			О	. S			\$	653,000
	Total Payments Listed (column totals added)				0	\$653,0	00		
								·	
und Exc	issuer has duly caused this notice to r Rule 505, the following signature cange Commission, upon written request tor pursuant to paragraph (b)(2) of Rule 502.	onstitutes an undertaking	t by the is:	sucr	to furnis	h to	the	U.S.	notice is filed Securities and y non-accredited
	r (Print or Type)	Signature /	1			Date		,	
Bac	eshop, Inc.	1 //-Xlike	Thy				ঠ /	2/	105
Nan	e of Signer (Print or Type)	Title of Signer (Print or)	ypc)						
Jan	es Flaherty	Chief Executive Officer							

ATTENTION

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

T.	CTA	TE	CI	CN	<u> </u>	URE
Ľ.	214	L I L	31	C.V	Λ.	URC

1. Is any purly described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the Yes disqualification provisions of such rule? No

0 0

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 -
Backshop, Inc.	1-1/1/10s
Name (Print or Type)	Title (Print or Type)
James Flaherty	Chief Executive Officer

Instruction:

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 r accre	on- dited ors in ate rt B	Type of Security and aggregate offering price offered in state (Part C-Item 1)		•	5 Disqualification under State ULOE(if yes, attach explanation ofwaiver granted (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL					.:				
AK									
AZ									
AR				;					
CA		X	Common Stock	8	\$653,000		,		
СО									
СТ									
DE									
DC								•	
FL							·		
GA									
HI									
ID									
IL									
IN					·				
IA									
KS									
KY									
LA								_	
ME									
MD									
MA					·				<u> </u>
MI									
MN									<u> </u>
MS									
МО	•								

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APPENDIX

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)	of Security and gate offering Type of investor and amount purchased in State		Type of investor and amount purchased in State Disqua under ULO: attach e ofwaive			State (if yes, planation granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	. No
MT									
NE					-				
NV							,		
NH				-					
NJ		!							
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI			·						
SC									
SD						·			
TN			,						
TX									
UT									
VT									
VΆ									
WA									
wv			·						
WI									
WY									
PR									

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