# FORM D ABCCEIVED ABC

# 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

	SEC USE ONL	Υ
Prefix		Serial
ŀ		1
	Date Received	
	1	1

Name of Offering ( check if this is an Offer and sale of convertible promissory not	amendment and name has changed, and indicate change.	1328354
		ection 4(6) ULOE
•	mendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the		
<b>,</b> —	endment and name has changed, and indicate change.)	
Address of Executive Offices 170 Holly Lane, Holliston, MA 01746	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 877-282-5373
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Information technology products.		05066211
Type of Business Organization	\	
□ corporation     □ business trust	☐ limited partnership, already formed ☐ or limited partnership, to be formed	ther (please specify):
Actual or Estimated Date of Incorporation o Jurisdiction of Incorporation or Organization	r Organization:  n: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	☑ Actual ☐ Estimated
GENERAL INSTRUCTIONS		SEP 1 2 2005
Federal:		
Who Must File: All issuers making an offer et seq. or 15 U.S.C. 77d(6)	ring of securities in reliance on an exemption under Regu	ulation D or Section 4(6), 17 CFR 230.5 THOMSON FINANCIAL
Securities and Exchange Commission (SEC	er than 15 days after the first sale of securities in the offer ) on the earlier of the date it is received by the SEC at the the date it was mailed by United States registered or cert	e address given below or, if received at that
Where to File: U.S. Securities and Exchang	ge Commission, 450 Fifth Street, N.W., Washington, D.C	C. 20549
	tice must be filed with the SEC, one of which must be m signed copy or bear typed or printed signatures.	nanually signed. Any copies not manually
	ontain all information requested. Amendments need only ted in Part C, and any material changes from the informa with the SEC.	

### State

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 state 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.

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### 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
  - 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 indi-	vidual)				
Blumenau, Steven M.					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
170 Holly Lane, Holliston, MA 01	746				
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)				
Lawrence, William S.					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
236 West Lane, Ridgefield, CT 06	877				
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)				
Barnes, Matthew					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
74 Josephine Avenue #B, Somervi		· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)				
Lenihan, Brian P.					
Business or Residence Address	(Numbe	er and Street, City, State, Z	(ip Code)		
c/o Choate, Hall & Stewart LLP, T	wo International l	Place, Boston, MA 02110			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Business or Residence Address	(Numbe	er and Street, City, State, Z	Lip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Business or Residence Address	(Numbe	er and Street, City, State, Z	Lip Code)		Control March 201

				B. INF	ORMATIC	N ABOUT	OFFERI	NG				
1 Has the iss	war gold a	- door the is	cuer intend	to goll to	non accredi	tad investor	a in this of	foring?			-	No
1. Has the iss	suer sold, o	r does the is						-		**********		⊠
			Ans	wer also in	Appendix,	Column 2,	if filing und	ier ULOE.				
2. What is th	e minimum	investmen	t that will b	e accepted	from any in	dividual?				••••	\$*	···
* Subject to t											Yes	No
3. Does the o	ffering per	mit joint ov	vnership of	a single un	it?					•••••		
4. Enter the remuneration agent of a bropersons to be Full Name (L. Not applicable)	for solicita ker or deal- listed are a ast name fi	tion of pure er registered ssociated p	chasers in co d with the S ersons of su	onnection v EC and/or	with sales of with a state	securities or states, l	in the offer ist the name	ing. If a pe e of the bro	rson to be I ker or deale	isted is an r. If more	associate than five	d person or
Business or R		ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asse	ociated Bro	ker or Deal	er								_	
States in Whi	ch Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers	<del></del>		<del></del>			
					[00]							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]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name n	ist, it maiv	iduai)									
Not applicable		11 07	1 10		0	<del> </del>						
Business or F	lesidence A	.adress (Nu	mber and S	treet, City,	State, Zip C	lode)						
Name of Asse	ociated Bro	ker or Deal	er					-				
States in Whi							<del></del>					
(Check "				_								All States
[IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[IL] [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L				[17.]	[01]		. [ ' ' ' ' ]	[1171]	[1, 1]	[111]	[17.1]	[110]
•			,									
Not applicable Business or F		ddress (Nu	mber and S	treet City	State Zin (	Code)						
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Name of Asse	ociated Bro	ker or Deal	er			<del></del>			<del></del>			
rume of 7133	jeined Die	Ker or Bear	C.									
States in Whi						hasers						All States
(Check "	All State" (	r cneck ind [AZ]	lividual Sta [AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ [HI]	All States [ID]
(TL)	[N]	[/LZ] [IA]	[KS]	[KY]	[LA]	[ME]	[DD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[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 the total amount

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
□ Common □ Preferred		
Convertible Securities (including warrants)	\$1,000,000	\$ <u>1,000,000</u>
Partnership Interests	\$	\$
Other (Specify)	\$	\$
Total	\$1,000,000	\$ <u>1,000,000</u>
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 <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchase on the total lines. Enter "0" if answer is "none" or "zero."	ses Number Investors	Aggregate Dollar Amoun of Purchases
Accredited Investors	2	\$1,000,000
Non-accredited Investors		\$
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 Amoun Sold
Rule 505		
Regulation A		
Rule 504		
Total	. <u>N/A</u>	\$ <u>N/A</u>
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		□ \$ <u>0</u>
Printing and Engraving Costs		<b>5</b> 0
Legal Fees		<b>№</b> \$ <u>5,000</u>
Accounting Fees	***************************************	<b>5</b> 0
Engineering Fees		<u> </u>
Sales Commissions (specify finders' fees separately)		□ \$ <u>0</u>
Other Expenses (identify)		□ \$ <u>0</u>
Total		<b>⊠</b> \$ <u>5,000</u>

C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPENSES AND USE	OFP	ROCEEDS	
1 and total expenses furnished in resp	egate offering price given in response to Part C - Question onse to Part C - Question 4.a. This difference is the			\$ <u>995,000</u>
used for each of the purposes shown. If estimate and check the box to the left of	ed gross proceeds to the issuer used or proposed to be the amount for any purpose is not known, furnish an the estimate. The total of the payments listed must equal set forth in response to Part C - Question 4.b above.			
			Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			\$	□ \$
Purchase of real estate			\$	□ \$
Purchase, rental or leasing and instal	lation of machinery and equipment		\$	□ \$
Construction or leasing of plant buil-	dings and facilities	. 🗆	\$	□ \$
offering that may be used in exchang	uding the value of securities involved in this ge for the assets or securities of another	П	•	□ \$
				□ \$
• •				□ \$ <u>995,000</u>
		Ц	٥	□ \$
		G	\$	<b>S</b>
Column Totals			\$	<b>№</b> \$ <u>995,000</u>
Total Payments Listed (Column tota	ls added)		⊠ \$ <u>9</u>	95,000
	D. FEDERAL SIGNATURE			
following signature constitutes an under	signed by the undersigned duly authorized person. If this neaking by the issuer to furnish to the U.S. Securities and Excithe issuer to any non-accredited investor pursuant to paragra	hange (	Commission, u	oon written reques
Issuer (Print or Type)	Signature		Date	
Avalere Inc.			9/	8/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Brian P. Lenihan	Secretary			

# — ATTENTION —

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