## FORM D

SEC 1972 (6/02):
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.

## 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

OMB APPROVAL

OMB Number: 3235-0076

CEC LICE ONLY



No. 10 Control of the
Name of Offering ( check it this is an amendment and name has changed, and indicate change.)
Convertible Note and Warrant Offering
Filing 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.)
Yugma, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
0440 Trying Cloud Diffet, with, Eden France, 1917 33344
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
Develop and market technology that enables and enhances collaborations between individuals and organizations.  Type of Business Organization
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] [3] 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) [M] [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 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.

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 in 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.

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

State:

		A. BASIC IDENTIF	TICATION DATA	•	
2. Enter the information req	uested for the follo	owing:			
Each promoter of the	e issuer, if the issu	ier has been organized wit	thin the past five years;		
<ul> <li>Each beneficial owr securities of the issu</li> </ul>		wer to vote or dispose, or	r direct the vote or dispos	sition of, 10% or	more of a class of equity
• Each executive offic	er and director of	corporate issuers and of c	orporate general and mana	nging partners of	partnership issuers; and
<ul> <li>Each general and ma</li> </ul>	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	□ Promoter	Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Mishra, Lingaraj					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
6440 Flying Cloud Drive, #:		•	,		
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Dash, Jnan R.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
6440 Flying Cloud Drive, #	101, Eden Prairie,	MN 55344			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Kohler, Gary					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
6440 Flying Cloud Drive, #	101, Eden Prairie,	MN 55344			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Eibensteiner, Ronald					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
6440 Flying Cloud Drive, #1	101, Eden Prairie,	MN 55344			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Caldwell, Joseph					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
6440 Flying Cloud Drive, #3	101, Eden Prairie,	MN 55344			
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	ess (Number and S	Street, City, State, Zip Coo	de)	——————————————————————————————————————	
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2 of 5

		A. BASIC IDENTIF	ICATION DATA		
<ul> <li>Each beneficial own securities of the issu</li> </ul>	e issuer, if the issumer having the pover;	er has been organized wit wer to vote or dispose, or	- · · · · · · · · · · · · · · · · · · ·		more of a class of equity
<ul> <li>Each general and ma</li> </ul>		•			•
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 Addre	ess (Number and S	Street, City, State, Zip Coo	le)		
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 Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
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 Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
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	ess (Number and S	Street, City, State, Zip Coo	le)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		1.0.107		
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)		
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 Addre	ess (Number and S	Street, City, State, Zip Coo	le)	_	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 2 of 5 (Duplicate if Needed)

				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
1. Has the	issuer sol	d, or does	the issuer	intend to	sell, to non	-accredite	d investor	s in this of	fering?		Yes	No
			Ans	wer also i	n Appendi	x, Colum	n 2, if filin	g under U	LOE.			
2. What is	the minin	num inves	tment that	will be ac	cepted fro	m any ind	ividual?			•••••	· · · · · · · · · · · · · · · · · · ·	
3. Does th	e offering	permit joi	int owners	hip of a si	ngle unit?						Yes	No
offering and/or	ssion or sig. If a perwith a state ted persons	milar rem son to be e or states s of such a	uneration listed is and s, list the manager or	for solicit n associate ame of th dealer, yo	ation of p ed person e broker o	urchasers or agent c r dealer.	in connector in co	tion with to dealer an five (5)	sales of se registered persons t	ecurities in I with the to be listed	n the SEC d are	
										_		
Business of	r Residenc	e Address	(Number	and Street	t, City, Sta	te, Zip Co	de)					
Name of A	ssociated l	Broker or	Dealer									
States in W												
			individual	States)							Ц	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	(Last nam	e first, if i	ndividual)									
Business o	r Residenc	e Address	(Number	and Street	t, City, Sta	te, Zip Co	de)			_		
Name of A	ssociated l	Broker or	Dealer								·····	
States in W	hich Perso	on Listed	Has Solicit	ted or Inte	nds to Soli	icit Purcha	isers					
(Check "A	All States"	or check	individual	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]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]_	[WI]	[WY]	[PR]
Full Name										_		
Business of	r Residenc	e Address	(Number	and Street	t, City, Sta	te, Zip Co	de)					
Name of A	ssociated ]	Broker or	Dealer									
States in W	hich Perso	on Listed :	Has Solicit	ed or Inte	nds to Soli	cit Purcha	asers					
			individual							• • • • • • • • • • • • • • • • • • • •		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]

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

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US		OS
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	ı	
	exchange offering, check this box \(\sigma\) 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	\$	\$
		\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$600,000	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$600,000	\$
	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."	· ;	
	Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$
	Non-accredited Investors		
	Total (for filings under Rule 504 only)	N/A	\$ \$
	Answer also in Appendix, Column 4, if filing under ULOE.		Φ
	This wer also in rappendix, column 1, it iming under obob.		
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, 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.	; ;	
	Time of official	Type of	Dollar Amount
	Type of offering Rule 505	Security	Sold
	Regulation A	N/A	\$ \$
	Regulation 504		Φ
	Total	1\/A	φ
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.	; ;	Ψ
	Transfer Agent's Fees	<del>[ ]</del>	<b>¢</b>
	Printing and Engraving Costs		Ψ <u></u>
	Legal Fees		\$ 15,000
	Accounting Fees	_	\$
	Engineering Fees		Ψ \$
	Sales Commissions (specify finders' fee separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 15,000

be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.    Payments to Officers, Directors, & Pay Affiliates   \$   \$   \$   \$   \$   \$   \$   \$   \$		,	EEDS	E OF PROCE	O US	ISES AND	R OF INVESTORS, EX	NG PRICE, NUMBER	C. OFFERING	
be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.    Payments to Officers, Directors, & Pay Affiliates   \$   \$   \$   \$   \$   \$   \$   \$   \$	585,000	\$			This	ion 4.a. T	n response to part C - Q	l expenses furnished in	C – Question 1 and total	
Salaries and fees					own, nents	is not kno f the payme	the amount for any purp it of the estimate. The to	purposes shown. If the	be used for each of the p furnish an estimate and ch listed must equal the adjust	5.
Purchase of real estate	yments To Others		<b></b>	Officers, Directors, &	7 .					
Purchase, rental or leasing and installation of machinery and equipment		\$ _	- 📖		_ \$ 	_				
Construction or leasing of plant building 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 mergery   \$   \$   \$   \$   \$   \$   \$   \$   \$		\$_	_ 📙		] \$_					
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) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ <u></u>	- 님	<del>.</del>						
offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) \$ \$ \$ \$ \$ \$  Repayment of indebtedness \$ \$ \$ \$ \$ \$  Working capital \$ \$ \$ \$  Other (specify): \$ \$ \$ \$  Column Totals \$ \$ \$ \$ \$ \$  Total Payments Listed (column totals added) \$ \$ \$ \$ \$ \$ \$  D. FEDERAL SIGNATURE  The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph Rule 502.  Issuer (Print or Type) \$ Signature \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$	. 니		」					
pursuant to a merger) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
Repayment of indebtedness SWorking capital SWorking capital SWorking capital SWorking capital SWorking capital SWORKING COLUMN Totals SWORKING SWOR		\$	П		<b>7</b> \$					
Working capital		<u>\$</u> —	. Ц		i š-					
Column Totals	585,000	<b>\$</b> —								
Column Totals			. —		_				Other (specify):	
Column Totals										
Total Payments Listed (column totals added)  k  D. FEDERAL SIGNATURE  The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph Rule 502.  Issuer (Print or Type)  Yugma, Inc.  Date  15/05  Title of Signer (Print or Type)		\$_	. 🔲		] \$ _	🛚				
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph Rule 502.  Issuer (Print or Type)  Yugma, Inc.  Date    Date   15   05	585,000	\$	$\underline{M}$		] \$ _					
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph Rule 502.  Issuer (Print or Type)  Yugma, Inc.  Date    Date   15/05    Title of Signer (Print or Type)			35,000	<b>⊠</b> \$ <u>58</u>		*********		column totals added)	•	
the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph Rule 502.  Issuer (Print or Type)  Yugma, Inc.  Name of Signer (Print or Type)  Title of Signer (Print or Type)							. FEDERAL SIGNATU	<b>D.</b>		
Yugma, Inc.  Name of Signer (Print or Type)  Title of Signer (Print or Type)	sion, upon	omm	ige Co	s and Exchan	uritie	U.S. Secu	y the issuer to furnish to	tutes an undertaking by	llowing signature constitute request of its staff, the	the fo writte
Name of Signer (Print or Type) Title of Signer (Print or Type)	 5	<u>-</u>	te 9//	Dat		ishba	Signature Lagadai		'	
	·					ne)	Title of Signer (Print or	,		
0 1									•	
									·	

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