

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: 3235-007							
Expires:	April 30, 2008						
Estimated average burden							
hours per respon	ise 16.00						

SECI	SE ONLY
Prefix	Serial
DATE	RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Offer and Sale of Series A Preferred Stock in Affinity, Inc., September 2005	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule	Section 4(6)
Type of Filing: X New Filing Amendment	007 03 2005
A. BASIC IDENTIFICATION DATA	061 0 3 2005
1. Enter the information requested about the issuer.	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Affinity Express, Inc.	185
Address of Executive Offices (Number and Street, City, State, Zip Code) 630 Tollgate Road, Suite E, Elgin, IL 60123	Telephone Number (Including Area Code) 847-741-0630
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 Affinity Express, Inc. provides digitization and documentation services.	PROCESSED OCT 2 8 2005
Type of Business Organization X corporation Ilmited partnership, already formed other (please business trust Ilmited partnership, to be formed	se specify): THOMO. FINANCIA
Actual or Estimated Date of Incorporation or Organization: Month Year 0 0 Durisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	X Actual Estimated D E
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulati 77d(6).	ion D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offe Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given bel 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. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be r photocopies of the manually signed copy or bear typed or printed signatures.	manually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repthe information requested in Part C, and any material changes from the information previously supplied 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 sa	ales of securities in those states that have adopted ULOE and

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

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.

will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	Provide (a. basic iden	TIFICATION DATA							
2. Enter the information requested	for the follow	ing:								
Each promoter of the issuer, if the issuer has been organized within the past five years;										
 Each beneficial owner ha 	• 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 an 	• 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	X Executive Officer	X Director	General and/or Managing Partner					
Full Name (Last name first, if individed Daleen, James R.	dual)									
Business or Residence Address (Nur	nber and Street	, City, State, Zip Code)								
c/o Affinity Express, Inc., 630			23							
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner					
Full Name (Last name first, if indivi-	dual)									
Grant, David S.			· · · · · · · · · · · · · · · · · · ·							
Business or Residence Address (Nur		•	72							
c/o Affinity Express, Inc., 630	7									
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if indivi-	dual)									
Tobiasz, David										
Business or Residence Address (Nur			••							
c/o Affinity Express, Inc., 630	Toligate Roa	d, Suite E, Elgin, IL 601	23							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner					
Full Name (Last name first, if indivi	dual)			·						
Business or Residence Address (Nur	mber and Stree	t, City, State, Zip Code)								
c/o 40 Castanea Partners, Thre	ee Newton E	xecutive Park, Suite 304,	Newton, MA 02462							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner					
Full Name (Last name first, if indivi	dual)									
Murphy, Jeremiah P., Jr.		• Cit. State 7:- Cede)								
Business or Residence Address (Nur c/o Harvard Cooperative Socie	,		hridge MA 02138							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner					
Full Name (Last name first, if indivi	idual)		······································							
Ricci, Stephen		·								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o OneLiberty Ventures 2000, L.P., One Memorial Drive, Cambridge, MA 02142										
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if indivi	idual)									
OneLiberty Ventures 2000, L.	•									
Business or Residence Address (Number and Street, City, State, Zip Code)										
One Memorial Drive, Cambrid	dge, MA 021	42								

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

				11	В.	INFORMA	TION AB	OUT OFF	ERING.	4.5		10.7		
													Yes	No
1. I	Has the issuer	sold, or do	es the issue	r intend to	sell, to non	-accredited	investors in	n this offeri	ng					X
						ling under l								
2. \	What is the mi	inimum inv	estment the	at will be ac	cepted from	n any indiv	idual?		••••••				\$	N/A
3 г	2. Does the offering normal laint aumerakin of a single unit?										Yes X	No		
 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar 										A				
r p ti	remuneration to berson or agent than five (5) p dealer only.	for solicitat it of a brok	ion of purc er or dealer	hasers in c registered	onnection with the Si	with sales o EC and/or v	f securities vith a state	in the offer or states, l	ring. If a point	erson to be of the bro	listed is an ker or deale	associated er. If more		
Full N	lame (Last nar	ne first, if i	ndividual)											
None									<u>-</u>					
Busine	ess or Residen	ice Address	(Number a	and Street,	City, State,	Zip Code)								
Name	of Associated	Broker or	Dealer						_8-8					
States	in Which Per	son Listed	Has Solicit	ed or Intend	ls to Solicit	Purchasers						<u> </u>		
((Check "All S	tates" or ch	eck individ	lual States).									All State	s
	[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[ні]	[ID]	
	[LL]	[1N]	[IA]	[KS]	[KY]	[LA]	[OT]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[M]	[NM]	[NY]	[NC]	[ND]	[он]	[OK]	[OR]	[PA]	
	[RI]	[sc]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[wɪ]	[WY]	[PR]	
Full N	lame (Last nat	me first, if	individual)											
Busin	ess or Resider	nce Addres	s (Number	and Street,	City, State,	Zip Code)	·		_ ,					
Name	of Associated	l Broker or	Dealer	······································										
States	in Which Per	son Listed	Has Solicit	ed or Intend	ds to Solici	t Purchaser	s							
((Check "All S	tates" or ch	eck individ	lual States)	•••••			***************************************			•••••		All State	s
	[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[M]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[lи]	[NM]	[NY]	[NC]	[ND]	[он]	[ok]	[OR]	[PA]	
	[RI]	[sc]	[ds]	[TN]	[TX]	[UT]	[YT]	[VA]	[WA]	[wv]	[wi]	[wy]	[PR]	
Full N	Vame (Last na	me first, if	individual)				-							
Busin	ess or Resider	nce Addres	s (Number	and Street,	City, State,	Zip Code)					····			
Name	e of Associated	l Broker or	Dealer											
Ctata-	s in Which Per	roon Lists d	Une Caliei	ad or Inter-	de to Caliei	+ Durchasa								
	(Check "All S										•••••		All State	es
	[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[ні]	[ID]	
	[IL]	[M]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[ок]	[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

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. Aggregate Amount Already Type of Security Offering Price Sold Debt\$ 0.00 \$ 0.00 Equity......\$ 3,000,000.00 \$ X Preferred Common Convertible Securities (including warrants) \$ 0.00 \$ 0.00 0.00 \$ 0.00).....\$ _____ Other (Specify 0.00 \$ 0.00 3,000,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 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 Dollar Amount Investors of Purchases Accredited Investors..... 3,000,000.00 0____\$ Non-accredited Investors.... Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE 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 N/A sale of securities in this offering. Classify securities by type listed in Part C—Question 1. Type of Dollar Amount Security Type of offering Sold Rule 505..... \$ Regulation A Total 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 0.00 Printing and Engraving Costs 0.00Legal Fees X 15.000.00 Accounting Fees. 0.00 Engineering Fees 0.00 Sales Commissions (specify finders' fees separately)..... 0.00

900.00

15,900.00

Other Expenses (identify) State Blue Sky Filing Fees

Total X

with.	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSE	S AN	ND USE	OF PROCEEDS			
		offering price given in response to Part C — Q C — Question 4.a. This difference is the "adju	Questi isted j	ion 1 gross			\$	2,984,100.00
	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for an the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate an of the payments listed must equal the adjuste	nd che	eck				
					Payments to			
		•			Officers, Directors & Affiliates			Payments To Others
	Salaries and fees			\$	0.00		\$	0.00
	Purchase of real estate			\$	0.00		\$	0.00
	Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0.00	, 🔲	\$	0.00
	Construction or leasing of plant buildings ar	nd facilities		\$ <u>. </u>	0.00		\$_	0.00
	Acquisition of other businesses (including the							
	offering that may be used in exchange for th issuer pursuant to a merger)			\$	0.00		\$	0.00
	Repayment of indebtedness			\$	0.00		\$	0.00
	Working capital		$\bar{\Box}$	\$	0.00	X	\$	2,984,100.00
	Other (specify)							
			\Box	\$	0.00		\	0.00
		,	ᅥ	\$ — \$	0.00	X	\$ \$	2,984,100.00
)	لـــا			<u>بدن</u> 984,100,		2,704,100.00
1.1			5845.	n in the state of the		Minu ato	and the	26000 057 (865000000)
		D. FEDERAL SIGNATURE	(MARC				1635	
an	e issuer has duly caused this notice to be signed by tundertaking by the issuer to furnish to the U.S. See non-accredited investor pursuant to paragraph (b)	curities and Exchange Commission, upon writ						
Issı	uer (Print or Type)	Signaturé				Date		
	finity Express, Inc.	Many 1 co				Septe	mber	L6, 2005
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)						
Da	vid Tobiasz	Chief Financial Officer						
		•						

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ATTENTION

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