SEC USE ONLY
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DATE RECEIVED

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



Name of Offering (check if this is an amendment and name has changed, and indicate change.)

| BankVest Inc. Shares of Common Stock | (200,000 shares) | | |
|---|---|---|---|
| Filing Under (Check box(es) that apply): | [] Rule 504 [] Rule 505 | [X] Rule 506 [] Sec | tion 4(6) [] ULOE |
| Type of Filing: [X] New Filing [] Amendmen | it | | |
| | A. BASIC IDENTIFICATION | ON DATA | PROCESSED |
| 1. Enter the information requested about the Name of Issuer (check if this is an ame | <u>e issuer</u> Indment and name has chang | led, and indicate change | |
| BankVest, Inc. | | | THOMSON FINANCIAL |
| Address of Executive Offices (Number and | Street, City, State, Zip Code) | Telephone Nu | mber (Including Area Code) |
| 7505 Village Square Drive, Suite 101, Cas | stle Rock, Colorado 80108 | (720) 733-251 | 6 |
| Address of Principal Business Operations (lift different from Executive Offices) N/A | Number and Street, City, Stat | e, Zip Code) Telephone | Number (Including Area Code) |
| Brief Description of Business: Bank holding | company. | | |
| | partnership, already formed partnership, to be formed | [] other (please specify | y): |
| Actual or Estimated Date of Incorporation o Jurisdiction of Incorporation or Organization CN for Canada; FGENERAL INSTRUCTIONS | | [2003] [X] Actual Service abbreviation for | al [] Estimated or State: |
| Who Must File: All issuers making an offering of s or 15 U.S.C. 77d(6). | securities in reliance on an exemp | otion under Regulation D o | r Section 4(6), 17 CFR 230.501 et seq. |
| When to File: A notice must be filed no later tha Securities and Exchange Commission (SEC) on address after the date on which it is due, on the Where to File: U.S. Securities and Exchange Cocopies Required: Five (5) copies of this notice m | the earlier of the date it is receiv date it was mailed by United Sta ommission, 450 Fifth Street, N.W. | ed by the SEC at the addrestes registered or certified L. Washington, D.C. 2054 | ess given below or, if received at that mail to that address. 9. |

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 in the notice constitutes a part of this notice and must be completed.

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

must be photocopies of manually signed copy or bear typed or printed signatures.

and the Appendix need not be filed with the SEC.

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.

A. BASIC IDENTIFICATION DATA

| Enter the information requested for the Each promoter of the issuer, if the Each beneficial owner having the of equity securities of the issuer; Each executive officer and director issuers; and Each general and managing particles. | e issuer has been orgal power to vote or dispos or of corporate issuers ar | e, or direct the vote or dis nd of corporate general ar | sposition of, 10 | |
|--|--|--|------------------|--|
| Check Box(es) that Apply: [X] Promoter | [] Beneficial Owner | [X] Executive Officer | [X] Director | [] General and/or Managing Partner |
| <u>Full Name (Last name first, if individual)</u> Davis, John | | | | Managing Fatties |
| Business or Residence Address (Number 7505 Village Square Drive, Suite 101, C | | | | |
| Check Box(es) that Apply: [X] Promoter | [] Beneficial Owner | [X] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) Eller, Fred H. | | | | Managing Farther |
| Business or Residence Address (Numl 7505 Village Square Drive, Suite 101, C | | | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [X] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) Donna L. Lance | | | | Managing Faither |
| Business or Residence Address (Numl 7505 Village Square Drive, Suite 101, C | | | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) Paul Cahn | | | | 3 13 |
| Business or Residence Address (Numl 7505 Village Square Drive, Suite 101, C | | | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) Rick Alexander | | | | managing railiner |
| Business or Residence Address (Numl 7505 Village Square Drive, Suite 101, C | | | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) Wallace E. Carroll, Jr. | | | | Managing Faither |
| | | | | |

Business or Residence Address (Number and Street, City, State, Zip Code) 7505 Village Square Drive, Suite 101, Castle Rock, Colorado 80108

| • | | | | |
|---|-----------------------|-----------------------|--------------|--|
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) Stephen F. Elken | | | | ivianaging Faither |
| Business or Residence Address (Num 7505 Village Square Drive, Suite 101, C | | | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or |
| Full Name (Last name first, if individual) Sandra Larsen | | | | Managing Partner |
| Business or Residence Address (Num 7505 Village Square Drive, Suite 101, C | | | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or |
| Full Name (Last name first, if individual) Lester Maxfield | | | | Managing Partner |
| Business or Residence Address (Num 7505 Village Square Drive, Suite 101, C | | | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| <u>Full Name (Last name first, if individual)</u> Michael Opatowski | | | | Managing Farther |
| Business or Residence Address (Num 7505 Village Square Drive, Suite 101, C | | | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) David Tennant | | | | Managing Faither |
| Rusiness or Residence Address (Num | her and Street City S | tate Zin Code) | | |

Business or Residence Address (Number and Street, City, State, Zip Code) 7505 Village Square Drive, Suite 101, Castle Rock, Colorado 80108

B. INFORMATION ABOUT OFFERING

| B. INFORMATION ABOUT OFFERING | | | | | | |
|--|---------------|--|--|--|--|--|
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? | | | | | | |
| 3. Does the offering permit joint ownership of a single unit? | Yes[X] No[] | | | | | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be list are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | • | | | | | |
| Full Name (Last name first, if individual) | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | |
| Name of Associated Broker or Dealer | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | [] All States | | | | | |
| [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 name first, if individual) | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | |
| Name of Associated Broker or Dealer | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | |
| (Check "All States" or check individual 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] | [] All States | | | | | |
| Full Name (Last name first, if individual) | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | |
| Name of Associated Broker or Dealer | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | [] All States | | | | | |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IN] [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.)

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 Offering Price | Amount Already Sold |
|---|--|---|
| Debt Equity [X] Common [] Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify: Total 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." | \$ \$ 5,000,000 \$ \$ \$ \$ 5,000,000 | \$ \$ 0 \$0 \$ \$ \$ 0 |
| Accredited Investors 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 Rule 504 or 505, 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. | | Aggregate Dollar Amount of Purchases \$ \$ \$ |
| Type of offering Rule 505 Regulation A Rule 504 Total Total A. a. Furnish a statement of all expenses in connection with the issuance and distribution of he securities in this offering. Exclude amounts relating solely to organization expenses of the ssuer. 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. | Type of Security | Dollar Amount Sold \$ \$ \$ |
| Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify: filing fees) Total | [X] (X] (X] (X) (X) (X) | \$ \$5,000 \$ \$ \$3,000 \$8,000 |
| b. Enter the difference between the aggregate offering price given in response to Part C - Question 4.a. This difference is the "adjusted to be a second to the income." | stion 1 and gross | ¢4 002 000 |

.5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to 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, & Affiliates | Payments To Others |
|---|--|-----------------------|
| Salaries and fees | []\$ | [] \$ |
| Purchase of real estate | []\$ | []\$ |
| Purchase, rental or leasing and installation of machinery and equipment | []\$ | []\$ |
| | []\$ | []\$ |
| Acquisition of other businesses (including the value of securities involved in this offering tha may be used in exchange for the assets or securities of another issuer pursuant to a merger) | t[]\$ | []\$ |
| Repayment of indebtedness | []\$ | []\$ |
| Working capital | []\$ | [X] \$4,992,000 |
| Other (specify): | []\$ | []\$ |
| | []\$ | []\$ |
| Column Totals | []\$ | []\$ |
| Total Payments Listed (column totals added) | [x] 4,9 | 92,000 |

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 Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type) | Signature Date Date |
|--------------------------------|---------------------------------------|
| BankVest, Inc. | Signature Date October 4, 2005 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |
| Donna L. Lance | Chief Financial Officer and Secretary |

E. STATE SIGNATURE

Yes

No [x]

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

behalf by the undersigned duly authorized person.

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

| Signature | Date | Da

ATTENTION

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

APPENDIX

| 1 | to non- investo | nd to sell accredited ors in State B-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
|-------|--------------------|---|--|--|----------|--|--|-----|----|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
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| MO | | X | Common Stock | | | | | | |
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