TUKIYI D

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 Expires April 30, 2008

Estimated Average Burden hours per form 16.00

SEC US	E ONLY
Prefix	Serial
DATE REC	EIVED

Name of Offering (check if this Vertical Lend, Inc.	s is an amendment and name has ch	anged, and in	dicate change.)	134	3684
Filing Under (Check box(es) that app	ly): Rule 504 Rule 50	5 🛭 Rule	506 Section 4((6) 	JLOE
Type of Filing:	☑ New Filing ☐ Amendment				
	A. BASIC IDENTIF	CATION DA	ATA	10 01 88 110 1 1 8	n cente cinte (Eulo Eulo Eulo Eulo (Eulo (Eu
1. Enter the information requested at	oout the issuer				
Name of Issuer (check if this is Vertical Lend, Inc.	an amendment and name has chang	ged, and indic	ate change.)	0	
Address of Executive Offices 3 Huntingtor, Quadrangle This	(Number and Street, City, Stard Floor, Melville, New York 117		Telephone Number (631)454-6023		ing Area Code)
Address of Principal Business Operat (if different from Executive Offices)		le, Zip Code)	Telephone Number		ing Area Code)
Brief Description of Business: Morta	gage lending and brokerage busin	ess			PROCESSED
Type of Business Organization ☐ corporation	limited partnership, alread	ly formed [other (please specify)	: MT	NOV 0 9 2005
business trust	limited partnership, to be	formed		- [[[THOMSON FIDIALICIAI
Actual or Estimated Date of Incorpor	ation or Organization	Month 04	Year 1996 ⊠	Actual	☐ Estimated

GENERAL INSTRUCTIONS

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).

CN for Canada; FN for other foreign jurisdiction)

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.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

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.

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 SEC 1972 (1/94) 1 of 8 filing of a federal notice.

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 equit securities of the issuer;
• 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
Full name (Last name first, if individual) Peskin, David
Business or Residence Address (Number and Street, City, State, Zip Code) 3 Huntingtor, Quadrangle Third Floor, Melville, New York 11747
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual) Peskin, Kenneth
Business or Residence Address (Number and Street, City, State, Zip Code) 3 Huntingtor, Quadrangle Third Floor, Melville, New York 11747
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Ful! name (Last name first, if individual) Sekits, Michael -
Business or Residence Address (Number and Street, City, State, Zip Code) 3 Huntingtor, Quadrangle Third Floor, Melville, New York 11747
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

	3.	·. ·		B. IN	FORMAT	TION ABO	OUT OFFI	ERING				
1. Has th	· · · · · · · · · · · · · · · · · · ·	ld, or does	the issuer	ntend to s	ell, to non-	accredited	investors i	n this offer	ing?		Yes	No
			An	swer also	in Append	ix, Columi	n 2, if filing	g under UL	OE.			
2. What i	s the minir	num inves	tment that	will be acc	epted fron	ı any indiv	idual?			•••••	. <u>\$n/a</u>	
4. Enter to commit offering and/or	the information or signification or signification or signification of the second or se	ation reque imilar rem rson to be te or state	ested for eauneration listed is a s, list the r	ich person for solicit in associat name of th	who has lation of ped person e broker of	been or wi urchasers or agent o or dealer.	ll be paid on connect of a broker If more the	or given, do ion with sa or dealer of an five (5)	irectly or in ales of sec registered v	ndirectly, any urities in the with the SEC be listed are only.		No
Full Name	(Last nam	e first, if i	ndividual)									
Business o	r Residenc	e Address	(Number	and Street,	City, State	e, Zip Cod	e)					
Name of A			Dealer Has Solicite	ed or Inten	ds to Solic	it Purchase	ers					
(Check '	'Ali States'	or check	individual	States)							. 🔲 A	ll States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam	e first, if in	ndividual)		i						· · · · · · · · · · · · · · · · · · ·	
Business o	r Residenc	e Address	(Number a	and Street,	City, State	e, Zip Code	e)					
Name of A	ssociated	Broker or I	Dealer									
States in W	/hich Perso	on Listed F		d or Inten	ds to Solic	it Purchase	ers	· · · · · · · · · · · · · · · · · · ·	,/- -,,			
(Check "	Ali States'	or check	individual S	States)	*************	*************		**************				l States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam	e first, if ir				- 5	<u>- i </u>	-				
Business o			·	and Street,	City, State	e, Zip Code	e)					
Name of A	ssociated I	sroker or I	Jealer									

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

i.	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 \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		AND USE U	r r i	NOC.	SEDS	_
	Type of Security		Aggregate Offering Price	e		Amount Already Sold	
	Debt						
	Equity	\$	1,500,000		\$	225,000	
	Common Preferred			,			
	Convertible Securities (including warrants)	\$	2,187,500		\$	0*	
	Partnership Interests	\$	none		\$	none	_
	Other (Specify:)	\$	none		<u> </u>	none	
	Total	\$	3,687,500		\$	225,000	_
	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."		Number			Aggregate Dollar Amount	
	A PARTY.		Investors		•	of Purchases	
	Accredited Investors		0		_ <u>\$_</u> \$_	225,000	
	Non-accredited Investors					0.00	
	Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.				_ <u>\$</u> _		_
۱ .	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 sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of			Dollar Amount	
	Type of offering		Security			Sold	
	Rule 505				\$		
	Regulation A				\$		
	Rule 504				\$		
	Total				\$	***	
•	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	• • • • • • • • • • • • • • • • • • • •	***************************************	\boxtimes	\$	30,000	
	Accounting Fees				\$		_
	Engineering Fees				\$		_
	Sales Commissions (specify finders' fees separately)				\$		_
	Other Expenses (identify)				<u>s</u>		_

Total

\$____

30,000

given in response to to Part C – Question suer."			\$ 	3,687,470	
the amount for any pox to the left of the justed gross proceeds					
		Payments to Officers, Directors, & Affiliates		Payments To Others	
	<u>\$</u>	0.00	\$	0.00	
Purchase of real estate					
Purchase, rental or leasing and installation of machinery and equipment					
	<u>\$</u>	0.00	<u> </u>	0.00	
	□\$	0.00	□ \$	0.00	
	☐ \$	0.00	<u></u>	0.00	
	\Box s	3,687,470	<u></u>	0.00	
		0.00		0.00	
***********	□ \$	3,687,470	□ \$	0.00	
		⊠\$	3,687,470	·	
EDERAL SIGNAT	URE				
furnish to the U.S. Se	curities		nmission, upon		
redited investor purpus				•	
Signature			Date		
			Date September	Za 2005	
Signature		or Type)		Za 2005	
		or Type) Chief Executiv	September	Za 2005	
	to the issuer used or the amount for any pox to the left of the justed gross proceeds ove. quipment	to the issuer used or the amount for any poox to the left of the justed gross proceeds ove. \$	to the issuer used or the amount for any pox to the left of the justed gross proceeds ove. Payments to Officers, Directors, & Affiliates \$ 0.00 \$ 0	to the issuer used or the amount for any pox to the left of the justed gross proceeds ove. Payments to Officers, Directors, & Affiliates \$ 0.00 \$ \$ quipment	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations.

(See 18 U.S.C. 1001.)