



**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 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 Managing PartnerFull Name (Last name first, if individual): **Ujjal Kohli**Business or Residence Address (Number and Street, City, State, Zip Code): **1309 S. Mary Avenue, Sunnyvale, CA 94087**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Vaduvur Bharghavan**Business or Residence Address (Number and Street, City, State, Zip Code): **1309 S. Mary Avenue, Sunnyvale, CA 94087**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **NeoCarta Ventures, L.P.**Business or Residence Address (Number and Street, City, State, Zip Code): **c/o Andre Turenne, 343 Sansome Street, Suite 525, San Francisco, CA 94104**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **ClearStone Venture Partners II-A, L.P.**Business or Residence Address (Number and Street, City, State, Zip Code): **c/o Erik Lassila, 2500 Sand Hill Road, Suite 205, Menlo Park, CA 94025**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **JumpStartup Venture Fund I, LLC**Business or Residence Address (Number and Street, City, State, Zip Code): **c/o Mr. Kiran Nadkarni, 5201 Great America Pkwy., Suite 320, Santa Clara, CA 95054**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Jorge del Calvo**Business or Residence Address (Number and Street, City, State, Zip Code): **2475 Hanover Street, Palo Alto, CA 94304**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Ihab Abu-Hakima**Business or Residence Address (Number and Street, City, State, Zip Code): **1309 S. Mary Avenue, Sunnyvale, CA 94087**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Blue Stream Ventures, L.P.**Business or Residence Address (Number and Street, City, State, Zip Code): **c/o Thomas Erickson, 225 South Sixth Street, suite 4350, Minneapolis, MN 55402**

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

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- 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 individual): **Nicholas Mitsakos**

Business or Residence Address (Number and Street, City, State, Zip Code): **2355 North Point Street, San Francisco, CA 94123**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual): **Thomas Erickson**

Business or Residence Address (Number and Street, City, State, Zip Code): **225 South Sixth Street, suite 4350, Minneapolis, MN 55402**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual): **Andre Turenne**

Business or Residence Address (Number and Street, City, State, Zip Code): **343 Sansome Street, Suite 525, San Francisco, CA 94104**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual): **William Quigley**

Business or Residence Address (Number and Street, City, State, Zip Code): **1309 S. Mary Avenue, Sunnyvale, CA 94087**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual): **Pablo Luther**

Business or Residence Address (Number and Street, City, State, Zip Code): **1309 S. Mary Avenue, Sunnyvale, CA 94087**

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 (Number and Street, City, State, Zip Code):

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 (Number and Street, City, State, Zip Code):

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 (Number and Street, City, State, Zip Code):

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**B. INFORMATION ABOUT OFFERING**

- |   | <u>Yes</u>                          | <u>No</u>                           |
|---|-------------------------------------|-------------------------------------|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? .....<br>Answer also in Appendix, Column 2, if filing under ULOE.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. What is the minimum investment that will be accepted from any individual? .....  | \$1,4776                            |                                     |
| 3. Does the offering permit joint ownership of a single unit? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 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 listed 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

- [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 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]  [IA]  [KS]  [KY]  [LA]  [ME]  [MD]  [MA]  [MI]  [MN]  [MS]  [MO]  
 [MT]  [NE]  [NV]  [NH]  [NJ]  [NM]  [NY]  [NC]  [ND]  [OH]  [OK]  [OR]  [PA]  
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Full Name (Last name first, if individual)

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Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

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All States

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(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 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.....	\$ <b>12,184,700.37</b>	\$ <b>11,999,997.42</b>
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ _____	\$ _____
Partnership Interests.....	\$ _____	\$ _____
Other (Specify) _____	\$ _____	\$ _____
Total.....	\$ <b>12,184,700.37</b>	\$ <b>11,999,997.42</b>

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."

	Number Investors	Aggregate Dollar Amount Of Purchases
Accredited Investors.....	<b>18</b>	\$ <b>11,999,997.42</b>
Non-accredited Investors.....	<b>0</b>	\$ <b>0</b>
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, 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 Offering	Types of Security	Dollar Amount Sold
Rule 505.....	<b>N/A</b>	\$ <b>N/A</b>
Regulation A.....	<b>N/A</b>	\$ <b>N/A</b>
Rule 504.....	<b>N/A</b>	\$ <b>N/A</b>
Total.....		\$ _____

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.....	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs.....	<input type="checkbox"/>	\$ _____
Legal Fees.....	<input type="checkbox"/>	\$ _____
Accounting Fees.....	<input type="checkbox"/>	\$ _____
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/>	\$ _____
Other Expenses (identify) _____	<input type="checkbox"/>	\$ _____
Total.....	<input type="checkbox"/>	\$ _____

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

4 b. Enter the difference between the aggregate offering price given in response to Part C– Question 1 and total expenses furnished in response to Part C–Question 4.a. This difference is the “adjusted gross proceeds to the issuer.” \$ 11,999,997.42

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.....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Purchase of real estate.....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
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).....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Repayment of indebtedness .....	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Working capital.....	<input type="checkbox"/>	\$ _____	<input checked="" type="checkbox"/>	\$ <u>11,999,997.42</u>
Other (specify): _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Column Totals .....	<input type="checkbox"/>	\$ _____	<input checked="" type="checkbox"/>	\$ <u>11,999,997.424</u>
Total Payments Listed (column totals added) .....		<input checked="" type="checkbox"/> \$		<u>11,999,997.42</u>

**D. FEDERAL SIGNATURE**

This 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) <b>Meru Networks, Inc.</b>	Signature 	Date <b>October , 2005</b>
Name of Signer (Print or Type) <b>Jorge del Calvo</b>	Title of Signer (Print or Type) <b>Secretary</b>	

**ATTENTION**

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