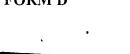
FORM D



constitutes a part of this notice and must be completed.

filing of a federal notice.

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:

Expires:

Estimated average burden hours per form

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)  Cereplast, IncShares of Common Stock (Round III)
Filing Under (Check box(es) that apply):   Rule 504   Rule 505   X Rule 506   Section 4(6)   ULOE
Type of Filing: X New Filing
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.)
Cereplast, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code Telephone Number (Including Area Code)
3433 El Segundo Boulevard, Hawthorne, California 90250 (310) 676-5000
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)(if different from
Executive Offices)
3433 El Segundo Boulevard, Hawthorne, California 90250  Brief Description of Business
Producing and selling a proprietary bio-based resin
Type of Business Organization
X corporation
☐ business trust ☐ limited partnership, to be formed ☐ other (please speeny).
Month Year
Actual or Estimated Date of Incorporation or Organization: 09 01 X Actual   Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: NV
CN for Canada: FN for other foreign jurisdiction)
81
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).
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, NW, 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 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.
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 to the notice

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

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% securities of the issuer:	% or more of a class of equity
Each executive officer and director of corporate issuers and of corporate general and managing partners are general managing partnership issuers.	ers of partnership issuers; and
Check Box(es) that Apply: ☐ Promoter X Beneficial Owner X Executive Officer X Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual) Scheer, Frederic	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3433 El Segundo Boulevard, Hawthorne, California 90250	0.0 . 1 . 1/.
Check Box(es) that Apply: ☐ Promoter X Beneficial Owner X Executive Officer ☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Scheer, Jocelyne	
Business or Residence Address (Number and Street, City, State, Zip Code)	
3433 El Segundo Boulevard, Hawthorne, California 90250	
Check Box(es) that Apply: ☐ Promoter X Beneficial Owner X 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 X 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)	

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

					B. INFO	DRMATI	ON ABO	UT OFF	ERING				
1. Has't	the issuer	sold, or	does the i	issuer int	end to se	ll, to non-	accredited	investors	s in this o	ffering?		**********	Yes No
				Ansv	wer also i	n Append	lix, Colum	n 2, if fil:	ing under	ULOE.			_
2. Wha	t is the m	inimum i	nvestmen	it that wil	ll be acce	pted from	any indiv	idual?					\$ 5,000* or of exceptions
													Yes No
3. Does	the offer	ring perm	it joint ov	wnership	of a sing	le unit?						•••••••	<u>X</u>
4. Enter	r the info	mation re	equested i	for each p	erson wh	o has beer	n or will be	e paid or g	given, dir	ectly or in	ndirectly,	any comm	ission or similar
													is an associated
													dealer. If more or that broker or
	er only.				p 5			or deare	,, ,	, 50, 101	ii uio miio		i iii ii oi oi oi oi
Full Nar	ne (Last	name firs	t, if indiv	idual)	<del></del>								
	N/A												
Business			dress (Ni	umber an	d Street,	City, State	e, Zip Cod	e)					
Name of	Associa	ted Broke	r or Deal	er									
							t Purchase						All States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	🗀 /All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Mar	ne (Lasti	name first	ifindiv	idual)									
Tull Ivai	ne (Last i	name ms	i, it marv.	iduai)									
Business	or Resid	ience Ado	dress (Ni	umber an	d Street,	City, State	e, Zip Cod	e)					
Name of	Associa	ted Broke	r or Deal	er									0
							t Purchase						🗆 All States
							[DE]					[ID]	III All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nar	ne (Last i	name first	if indiv	idual)									
	(		, , , , , , , , , , , , , , , , , , , ,										
Business	or Resid	lence Ado	dress (No	umber an	d Street,	City, State	e, Zip Cod	e)					
Name of	Associa	ed Broke	r or Deal	er									<del></del>
											.,		
		Person Listates" or o				s to Solici	t Purchase	es					🛘 All States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	w x x ii biaico
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [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 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" 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 \$ - <u>0</u> --0-Equity \$ 200,000 47,500 X Common ☐ Preferred Partnership Interests \$ -0-Other (Specify\_ \$<u>200,000</u> Total 47,500 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 of Aggregate Dollar Investors Amount of Purchases Accredited Investors .....\_\_\_\_ \$ 47,500 Non-accredited Investors 0 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 Type of Dollar Amount Type of Offering Security Sold Rule 505 \$ <u>-0-</u> Regulation A - 0 -Rule 504 <u> -0-</u> \$ -0a. 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-
Printing and Engraving Costs	\$ 3,000
Legal FeesX	\$ 2,000
Accounting Fees	\$ -0-
Engineering Fees	\$ -0-
Sales Commissions (specify finders' fees separately)	\$ -0-
Other Expenses (identify) marketing costs X	\$ 5,000
Total	\$ 10,000

	C. OFFERING PRICE, NUMBER OF INVESTO	RS, EXPENSES AND USE OF PR	OCEEDS.
ä	b. Enter the difference between the aggregate offering price given in response and total expenses furnished in response to Part C - Question 4.a. This differs the "adjusted gross proceeds to the issuer	erence	\$ 190,000
i. 1	Indicate below the amount of the adjusted gross proceeds to the issuer used or each of the purposes shown. If the amount for any purpose is not known, feeck the box to the left of the estimate. The total of the payments listed rigross proceeds to the issuer set forth in response to Part C - Question 4.b ab	r proposed to be used for furnish an estimate and nust equal the adjusted	
		Directors & Affiliates	Payments To Others
	Salaries and fees	□ \$ <u>-0-</u>	□ \$ <u>-0-</u>
	Purchase of real estate	□ \$ <u>-0-</u>	□ \$ <u>-0-</u>
	Purchase, rental or leasing and installation of machinery and equipm	ent	☐ \$ <u>-0-</u>
	Construction or leasing of plant buildings and facilities	□ \$ <u>-0-</u>	X \$ 20,000
	Acquisition of other businesses (including the value of securities invoffering that may be used in exchange for the assets of securities of a	another	_
	issuer pursuant to a merger)		
	Repayment of indebtedness		□ \$ <u>-0-</u>
	Working capital	S <u>-0-</u>	<u>X</u> \$ <u>70.000</u>
	Other (specify): Raw material costs	□ \$ -0-	<u>X</u> \$ <u>40,000</u>
	Research and development costs	□ \$ -0-	<u>X</u> \$ <u>20,000</u>
	Test marketing and marketing and advertising cos	uts	<u>X</u> \$ <u>40,000</u>
	Column Totals		X \$ 190,000
	Total Payments Listed (column totals added).	<del>-</del>	95,000
	D. FEDERAL SI	IGNATURE	
ign:	s issuer has duly caused this notice to be signed by the undersigned duly nature constitutes an undertaking by the issuer to furnish to the U.S. Secuer to furnished by the issuer to any non-acceledited investor pursuant	Wesland Exchange Commission, upon	under Rule 505, the following written request of its staff, the
Issu	suer (Print or Type) Signatur	Date	
C	Cereplast, Inc.	Nove	ember 9, 2005
Nar	ume of Signer (Print or Type) Title of Signer (Print or Type)		
F	rederic Scheer President		
	ľ		

ATTENTION

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

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?  Yes No
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
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.
	ne issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its half by the undersigned duly authorized person.
Į:	suer (Print or Type)  Date Nignature 2, 2005

President

## Instruction.

Cereplast, Inc.
Name of Signer (Print or Type)

Frederic Scheer

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1	2		3	4				5	
	Intend to to non-ac investors (Part B-It	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of inve amount pure (Part C-Item	hased in State			Disqualifi under Sta (if yes, att explanatio waiver gra (Part E-Ito	te ULOE each on of anted)
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR	<u> </u>								
CA	<del> </del>	Х		3	\$47,500	0	0		Х
СО									
CT									
DE									
DC									
FL									
GA									
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA		<u> </u>							
ME									
MD		<u> </u>							
MA									
MI									
MN									
MS									
МО									
MT									

7 of 8

SEC 1972 (1/94)

1	2		3	4				5	
•	Intend to to non-ac- investors (Part B-It	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of inve amount purc (Part C-Item	hased in State			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I	
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NE						11,700.010			
NV									
NH									
NJ									
NM									
NY									
NC						-			
ND								<u> </u>	
ОН									
OK		i							
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR									