FORM D

UNITED STATES

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
IFORM LIMITED OFFERING EXEMPTION

OMB AF	PROVAL
Expires: Estimated average	3235-0076 April 30, 2008 e burden 16.00
SEC US	SE ONLY
Prefix	Serial
1	1
DATE R	ECEIVED
	1

Name of Offering	(🔲 பெட்க பis is an ame	endment and name	has changed, and in	dicate change.)		160
Issuance of Limited	Partnership Interests of S	inowdon Limited F	Partnership		S Tennicon.	
Filing Under (Check I	box(es) that apply):	☐ Rule 504	☐ Rule 505		Section 4(6)	□ nro€
Type of Filing:	☐ New Filing				llner a r	2005
		A. BASI	CIDENTIFICATI	ON DATA		
1. Enter the inform	ation requested about the is	suer			The same of the sa	
Name of Issuer	check if this is an ame	ndment and name t	nas changed, and ind	licate change.	S.C. C.	
Snowdon Limited P	artnership					
Address of Executive	Offices		(Number and Stree	t, City, State, Zip Coo	le) Telephone Num	ber (Including Area Code)
1119 St. Paul Street	, Baltimore, Maryland 2120	)2			(410) 385-2645	
Address of Principal	Offices		(Number and Stree	t, City, State, Zip Coo	le) Telephone Num	ber (Including Area Code)
(if different from Exec	cutive Offices)					
Brief Description of B	lusiness: Private Inve	stment Company				
						PRACECCE
Type of Business Org	ganization					- GALOALD
[	☐ corporation	🛛 limited (	partnership, already f	omed	other (please spec	<sup>ofy)</sup> DEC 0 7 2005
[	business trust	☐ limited	partnership, to be for	med		are a 1 Knna
			Month	Year		THOMSON FINANCIAL
Actual or Estimated (	Date of Incorporation or Orga	anization:	0 9	9	3 🛛 Actua	FINANGIAL
Jurisdiction of Incorp	oration or Organization: (Er	iter two-letter U.S. I	Postal Service Abbre	viation for State;		
		С	N for Canada: FN for	other foreign jurisdic	tion) M	D

# GENERAL INSTRUCTIONS

#### Federal:

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, N.W., 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 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 filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	JENTIFICATION DAT	A	
<ul><li>Each beneficial owr</li><li>Each executive office</li></ul>	ne issuer, if the iss ner having the pov per and director of	suer has been organized wi ver to vote or dispose, or d		of, 10% or more of ging partners of pa	a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Nevis Capital Manag	ement LLC		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 1119 St. Paul Stre	et, Baltimore, Ma	ryland 21202
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Wilmerding, David R	k. III		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 1119 St. Paul Stre	et, Baltimore, Ma	ryland 21202
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Baker, Jon C.			
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 1119 St. Paul Stre	et, Baltimore, Ma	ryland 21202
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):		
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 Add	ress (Number and	Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

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

	•													
1. H	as the issue	er sold, or o	does the is	suer inten			edited inve					☐ Yes	⊠ No	
2. V	2. What is the minimum investment that will be accepted from any individual?											\$ <u>1.000,000*</u> *may be waived		
э Г	and the offe		tiaint augus	bi	المام مام مام							<b>⊠</b> ∨₀.	· The	
	oes the offe nter the info			•	•							<u>⊠</u> 16:	s 🗆 No	
a o a	ny commissi ffering. If a point a nd/or with a ssociated pe	ion or simil person to t state or st	lar remune be listed is ates, list th	ration for an associ	solicitation ated perso the broke	of purcha on or agent r or dealer	sers in cor t of a broke . If more t	nection wi er or deale han five (5	th sales of r registere ) persons	f securities d with the to be liste	s in the SEC d are			
Full Na	ame (Last na	ame first, if	individual	)										
Busine	ss or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)							
Name	of Associate	ed Broker o	or Dealer	<u> </u>			·	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>		
	in Which Pe												☐ All States	
□ [AL			☐ [AR]		•					☐ [GA]	[HI]	□ [ID]		
	□ [IN]	□ [IA]	☐ [KS]		[LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]		
	] [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	☐ [OK]	□ [OR]	[PA]		
□ [RI]	☐ [SC]	☐ [SD]	□ [TN]	□ (TX)			□ [VA]	[WA]		[WI]		□ [PR]		
Full Na	me (Last na	me first, if	individual	)										
Busine	ss or Reside	ence Addr	ess (Numb	er and Str	eet, City,	State, Zip	Code)							
Name	of Associate	ed Broker o	or Dealer											
	in Which Pe										<del></del>		☐ All States	
□ [AL	]   [AK]	[AZ]	☐ [AR]	☐ [CA]	☐ [CO]		□ [DE]	□ [DC]	□ (FL)	☐ [GA]	[HI]	[ID]	_	
		□ [IA]		☐ [KY]	[LA]	[ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]			
	]   [NE]	□ [NV]	□ [NH]	□ [NJ]	[MM]	□ [NY]						[PA]		
		□ [SD]		[גז]	[עד]		[VA]	□ [WA]	[M\l	[WI]		☐ [PR]		
Full Na	ime (Last na	ame first, if	individual	)										
Busine	ss or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)							
Name	of Associate	ed Broker o	or Dealer											
	in Which Pe												☐ All States	
		[AZ]			[CO]					☐ [GA]	[HI]	□ [ID]	<u></u> , o	
		☐ [IA]	□ [KS]	□ [KY]	□ [LA]	[ME]	☐ [MD]	☐ [MA]	[MI]	[MN]	[MS]	[MO]		
	] [NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	[NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]		
	□ [SC]	☐ [SD]	□ (TN)	□ [TX]			[AV]	[WA]	□ [WV]	[WI]		□ (PR)		

**B. INFORMATION ABOUT OFFERING** 

(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 $\square$ and indicate in the columns below the amounts of the securities offered for exchange and aiready exchanged. **Amount Already** Aggregate Type of Security Offering Price Sold Debt......\$ n Equity.....\$ ☐ Preferred ☐ Common Convertible Securities (including warrants).....\$ Partnership Interests ......\$ 100,000,000 33,830,083 ).....**\$** Other (Specify) \_ Total ..... 100,000,000 33,830,083 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** of Purchases Investors Accredited Investors. 33.830.083 Non-accredited Investors ..... 0 \$ 0 N/A Total (for filings under Rule 504 only) ...... \$ N/A 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 sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Types of **Dollar Amount** Type of Offering Security Sold Rule 505 ...... N/A N/A Regulation A ...... N/A N/A N/A **Rule 504** Total ..... N/A N/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..... 0 101,862 Accounting Fees Ω Engineering Fees...... Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

0

101,862

4	<ul> <li>Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."</li> </ul>	Part C-Question 4.a. This differ	ence is th	е	<u>\$</u>	99,895,926
5	Indicate below the amount of the adjusted gross procee used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. It the adjusted gross proceeds to the issuer set forth in restance.	any purpose is not known, furnis The total of the payments listed m	h an lust equal	Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$	□	\$
	Purchase of real estate			\$	0	\$
	Purchase, rental or leasing and installation of ma	achinery and equipment		\$		\$
	Construction or leasing of plant buildings and fac	cilities		\$		\$
	Acquisition of other businesses (including the va offering that may be used in exchange for the as pursuant to a merger	ssets or securities of another issu	er	\$		\$
	Repayment of indebtedness			\$		\$
	Working capital			\$	⊠	\$ 99,895,926
	Other (specify):			\$		\$
				\$		\$
	Column Totals			\$	⊠	\$ 99.895.926
	Total payments Listed (column totals added)				\$99,895,	
<del>,</del>		D. FEDERAL SIGNATU	JRE	· .		
O	is issuer has duly caused this notice to be signed by the institutes an undertaking by the issuer to furnish to the U. the issuer to any non-accredited investor pursuant to part	S. Securities and Exchange Com	son. If this mission, t	s notice is filed under upon written request o	Rule 505, the	e following signature e information furnish
SS	suer (Print or Type)	Signature			Date	
	owdon Limited Partnership	Jan C Bell	Le_		Decembe	r 1, 2005
۱a	ıme of Signer (Print or Type) n C. Baker	Title of Signer (Print or Type) Vice President of Nevis Capita				

## **ATTENTION**

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

	provisions of such rule?
	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.

**E. STATE SIGNATURE** 

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Snowdon Limited Partnership	In C Bakes	December 1, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Jon C. Baker	Vice President of Nevis Capital Management LLC, General Partn	er of the Issuer

### Instruction:

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.

	* 1 <b>*</b> 1 <b>*</b> 1			API	PENDIX				
1		)	3			 4			
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		Х	\$100,000,000	3	\$1,081,869	0	\$0		Х
СО									
СТ		Х	\$100,000,000	1	\$1,542,020	0	\$0		х
DE									
DC		Х	\$100,000,000	2	\$646,474	0	\$0		Х
FL		Х	\$100,000,000	3	\$1,609,881	0	\$0		X
GA		Х	\$100,000,000	1	\$771,655	0	\$0		Х
н									
ID									
IL		Х	\$100,000,000	3	\$1,025,574	0	\$0		х
IN									
IA									
KS									
KY									
LA									
ME									
MD		Х	\$100,000,000	11	\$21,237,476	0	\$0		X
MA		Х	\$100,000,000	1	\$142,263	0	\$0		X
MI									
MN		Х	\$100,000,000	1	\$500,224	0	\$0		X
MS									<b>_</b>
МО									
MT									
NE									ļ
NV									
NH									
NJ									
NM	·							<u> </u>	

Ę.				API	PENDIX				
1	Intend to sell to non-accredited investors in State (Part 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)					ification ate ULOE attach attion of granted)
State	Yes No		Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY		Х	\$100,000,000	2	\$633,499	0	\$0		Х
NC									
ND									
ОН		Х	\$100,000,000	1	\$285,948	0	\$0		×
ок									
OR									
PA									
RI									
sc									
SD									
TN									
тх		Х	\$100,000,000	2	\$1,262,005	0	\$0		х
UT									
VT									
VA		X	\$100,000,000	2	\$1,722,056	0	\$0		х
WA									
wv									
WI									
WY		х	\$100,000,000	1	\$579,088	0	\$0		х
PR									
NON- US		×	\$100,000,000	3	\$790,059	0	\$0		х