FORM D

## U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION



| Name of             | f Offering (□ che<br>SGIP CLAREM   | eck if this is an am                     | endment and nar                          | ne has changed,             | and indicat  | te change. |               | 3472                          | 81                    |
|---------------------|--|--|--|-----------------------------|--------------|------------|---------------|-------------------------------|-----------------------|
| Filing U<br>Type of | Inder (Check box Filing:   | xes that apply):                         | □ Rule 504 □ Amendment                   | □ Rule 505                  | ⊠ Rule:      | 506        | □ Section 4(6 | 5) □ ULOE                     |                       |
|                     | and the second s |  | A. BASI                                  | C IDENTIFICA                | ATION DAT    | ГΑ         |               |                               |                       |
| 1.                  | Enter the inform   | nation requested a                       | bout the issuer.                         |                             |              |            |               |                               |                       |
| Name o              | f Issuer: (□ chec<br>SGIP CLAREM   | ck if this is an ame                     | endment and nam                          | e has changed,              | and indicate | e change.) |               |                               |                       |
| Address             | of Executive Of 712 Fifth Avenu  | fice<br>ne, 14 <sup>th</sup> Floor, New  |  | iber and Street,<br>k 10019 | City, State, | , Zip Code |               | Number (Inclu-<br>2) 841-9200 | ding Area             |
| Address             | •  | siness Operations<br>ne, 14th Floor, New |  | iber and Street,<br>k 10019 | City, State, | , Zip Code |               | Number (Inclu<br>2) 841-9200  | ding Area             |
| Brief De            | escription of Bus<br>Investment  | iness                                    |  |                             |              |            |               |                               | PROCES                |
| Type of             | Business Organi  | ization                                  | · · · · · · · · · · · · · · · · · · ·    |                             |              |            |               | E                             | - DEC 192             |
|                     | ☐ corporation ☐ business trust   | 🗆 limite                                 | ed partnership, al<br>ed partnership, to | •                           | ⊠ other      | (please sp | ecify): Limi  | ted Liability Co              | OMPANOMSO<br>FINANCIA |
| Actual              | or Estimated Date  | e of Incorporation                       | or Organization:                         | Mon                         | th Year      |            |               |                               |                       |
|                     |  |  |  | 11                          | 05           |            |               | □Estimated                    |                       |
| Jurisdie            | tion of Incorpora  | ation or Organizati<br>CN for            | on: (Enter two-l<br>Canada; FN for       |                             |              | bbreviatio | n for State:  |                               | NY                    |

#### 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.



#### A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

Bul

- 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;

| issuers; an  |                  | d director of corporate   | issuers and or corporate gr  | cheral and managing | g partners of partnersing               |
|--|------------------|---------------------------|--|---------------------|---|
| • Each gene  | ral and managi   | ng partner of partnershi  | p issuers.   |                     |   |
| Check Box(es) that Apply:                                  |                  | ■ Beneficial Owner        |  | □ Director          | □ General and/or<br>Managing Partner    |
| Full Name (Last name first, HERCHER, DOUGLAS P             | if individual)   |                           |  |                     |   |
| Business or Residence Addr<br>712 Fifth Avenue, 14th Floor |                  |                           | ip Code)   |                     |   |
| Check Box(es) that Apply:                                  | □ Promoter       | □ Beneficial Owner        | □ Executive Officer  | □ Director          | □ General and/or<br>Managing Partner    |
| Full Name (Last name first,                                | if individual)   | Lagranda (1994)           |  |                     |   |
| Business or Residence Addr                                 | ess (Number a    | nd Street, City, State, Z | ip Code)   |                     | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| Check Box(es) that Apply:                                  | □ Promoter       | □ Beneficial Owner        | □ Executive Officer  | □ Director          | □ General and/or<br>Managing Partner    |
| Full Name (Last name first,                                | if individual)   |                           |  |                     |   |
| Business or Residence Addr                                 | ess (Number a    | nd Street, City, State, Z | ip Code)   |                     |   |
| Check Box(es) that Apply:                                  | □ Promoter       | □ Beneficial Owner        | Executive Officer  | □ Director          | □ General and/or ☐<br>Managing Partner  |
| Full Name (Last name first,                                | if individual)   |                           |  |                     |   |
| Business or Residence Addi                                 | ess (Number a    | nd Street, City, State, Z | ip Code)   |                     |   |
| Check Box(es) that Apply:                                  | □ Promoter       | □ Beneficial Owner        | □ Executive Officer  | □ Director          | □ General and/or<br>Managing Partner    |
| Full Name (Last name first,                                | if individual)   |                           |  |                     |   |
| Business or Residence Addr<br>katha                        | ess (Number a    | nd Street, City, State, Z | ip Code)   |                     |   |
| Check Box(es) that Apply:                                  | □ Promoter       | □ Beneficial Owner        | □ Executive Officer  | □ Director          | □ General and/or<br>Managing Partner    |
| Full Name (Last name first)                                | if individual).  |                           | And the second s |                     |   |
| Business or Residence Addi                                 | ess (Number a    | nd Street, City, State, Z | ip Code)   |                     |   |
| Check Box(es) that Apply:                                  | □ Promoter       | □ Beneficial Owner        | □ Executive Officer  | □ Director          | □ General and/or<br>Managing Partner    |
| Full Name (Last name first                                 | , if.individual) |                           |  |                     |   |
| Business or Residence Addr                                 | ress (Number a   | nd Street, City, State, Z | Cip Code)  |                     |   |
|  | (Use blank       | sheet, or copy and use a  | additional copies of this sh   | eet, if necessary)  |   |

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### A. BASIC IDENTIFICATION DATA

- A. 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

| Check Box(es) that Apply:  | <del></del>    | ng partner of partnershi  Beneficial Owner   | □ Executive Officer          | □ Director          | □ General and/or                     |
|--|----------------|--|------------------------------|---------------------|--------------------------------------|
| in the point of the property o |                | - Benerician 6 wher  | = Executive officer          | - Director          | Managing Partner                     |
| Full Name (Last name first,  | if individual) |  |                              |                     |                                      |
| Business or Residence Addr   | ess (Number a  | nd Street, City, State, Z  | ip 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 Addr   | ess (Number a  | nd Street, City, State, Z  | ip Code)                     |                     |                                      |
| Check Box(es) that Apply:  | □ Promoter     | □ Beneficial Owner   | □ Executive Officer          | □ Director          | □ General and/or<br>Managing Partner |
| Full Name (Last name first,  | if individual) |  |                              |                     |                                      |
| Business or Residence Addr   | ess (Number a  | nd Street, City, State, Z  | ip Code)                     |                     |                                      |
| Check Box(es) that Apply:  | □ Promoter     | □ Beneficial Owner   | □ Executive Officer          | □ Director          | □ General and/or<br>Managing Partner |
| Full Name (Last name first,  | if individual) |  |                              |                     |                                      |
| Business or Residence Addr   | ess (Number a  | nd Street, City, State, Z  | ip Code)                     |                     |                                      |
| Check Box(es) that Apply:  | □ Promoter     | □ Beneficial Owner   | □ Executive Officer          | □ Director          | □ General and/or<br>Managing Partner |
| Full Name (Last name first,  | if individual) |  |                              |                     |                                      |
| Business or Residence Addr   | ess (Number a  | nd Street, City, State, Z  | ip Code)                     |                     |                                      |
| Check Box(es) that Apply:  | □ Promoter     | □ Beneficial Owner   | Executive Officer            | □ Director          | □ General and/or<br>Managing Partner |
| Full Name (Last name first,  | if individual) |  |                              |                     |                                      |
| Business or Residence Addr   | ess (Number a  | The first production and the contract of the c | ip.Code)                     |                     |                                      |
| Check Box(es) that Apply:  | □ Promoter     | □ Beneficial Owner   | □ Executive Officer          | □ Director          | □ General and/or<br>Managing Partner |
| Full Name (Last name first,  | if individual) |  |                              |                     |                                      |
| Business or Residence Addr   | ess (Number a  | nd Street, City, State, 2  | (ip Code)                    |                     |                                      |
| Tall   | (Use blank     | sheet, or copy and use a   | additional copies of this sh | neet, if necessary) |                                      |

|  |  |   |  | · · · · · · · · · · · · · · · · · · ·                            | В.                                      | INFORM   | MATION                          | I ABOU                                    | OFFE                 | RING                 |                      |                      |                      |                |
|--|--|---|--|--|---|--|---------------------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|
| 1.   | Has the  | issuer s  | old, or d  |  |   |  |                                 |   |                      |                      |                      | g?                   | · · · · · · · ·      | Yes N          |
| je,  | ***  |   |  | Answe  | r also in                               | Appendi  | x, Colun                        | nn 2, if fi                               | ling und             | er ULOE              | · · ·                |                      |                      |                |
| 2.   | What is  | the min   | iimum in   | vestment   | that will                               | be accep   | oted from                       | any indi                                  | vidual? .            |                      |                      |                      |                      | \$10,000       |
| 3.   | Does th  | ne offerii  | ng permit  | t joint ow   | nership                                 | of a sing  | le unit?.                       |   |                      |                      |                      | ,                    |                      | Yes N          |
| <b>‡</b> .                                   | Enter t  | he inforn   | nation re  | quested f  | or each p                               | person w   | ho has be                       | en or wi                                  | ll be paid           | d or give            | n, directl           | y or indi            | rectly, any          |                |
|  |  |   |  |  |   |  |                                 |   |                      |                      |                      |                      | in this offer        |                |
|  |  |   |  |  |   |  |                                 |   |                      |                      |                      |                      | or with a st         |                |
|  |  |   |  |  |   |  |                                 |   |                      |                      | are asso             | ciated pe            | ersons of suc        | ch a           |
| 7011 X                                       | Vame (Las  |   | r, you m   |  |   | Tormano  | n for that                      | . blokel (                                | n dealer             | only.                |                      |                      | ·                    |                |
|  |  |   |  | •  |   | limited li   | ability co                      | omnany                                    | No broke             | er/dealer            | has been             | retainec             | or will be           | retained and n |
|  | ission wil   |   |  | by office.   | is of me                                | immed ii   | ability co                      | simpuny.                                  | 1 to blok            | ci) dealer           | nas occi.            | retainee             | or will be           | retained and 1 |
| <u> </u>                                     | ess or Res   |   |  | Number :   | and Stree                               | t, City, S   | State, Zir                      | Code)                                     |                      | <del></del>          |                      | <u> </u>             | <del> </del>         |                |
|  |  |   |  |  |   | , ,  | , 1                             | ,   |                      |                      |                      |                      |                      |                |
|  | · · · · · · · · · · · · · · · · · · ·                                    |   |  | ····   |   |  |                                 |   |                      |                      |                      |                      |                      |                |
| Name   | of Associ  | ated Bro  | ker or D   | ealer  |   |  |                                 |   |                      |                      |                      |                      |                      |                |
|  |  |   |  |  |   |  |                                 |   |                      |                      |                      |                      |                      |                |
|  | in Which   | Dogge   | 11.4.3 77  | C-11-1-  | - A Y -                                 |  | -11.15 P                        |   |                      |                      |                      |                      |                      |                |
|  | in Which<br>eck "All S   |   |  |  |   |  |                                 |   |                      |                      |                      |                      |                      | . ⊠ All Stat   |
| (CII   | [AL]   | [AK]  | [AZ]   | [AR]   | [CA]                                    | [CO]   | [CT]                            | [DE]                                      | [DC]                 | [FL]                 | [GA]                 | [HI]                 | [ID]                 | . S All Star   |
|  | [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 N                                       | Name (Las  | t name f  | irst, if in  | dividual)  |   |  |                                 |   |                      |                      |                      |                      |                      |                |
| <u>.                                    </u> |  |   |  |  |   |  |                                 |   |                      |                      |                      |                      |                      |                |
| Busine                                       | ess or Res   | idence A  | ddress (1  | Number   | and Stree                               | et, City, S  | State, Zip                      | Code)                                     |                      |                      |                      |                      |                      |                |
| M.   |  |   |  |  |   |  |                                 |   |                      |                      |                      |                      |                      |                |
| Toraco                                       | of 1   | and Due   | 1 T  |  |   |  |                                 | <del></del>                               |                      |                      |                      |                      | ·                    |                |
| yame   | of Associ  | ated Bro  | ker or D   | ealer  |   |  |                                 |   |                      |                      |                      |                      |                      |                |
|  |  |   |  |  |   |  |                                 |   |                      |                      |                      |                      |                      |                |
|  |  |   |  |  |   |  |                                 |   |                      |                      |                      |                      |                      |                |
| tates  | in Which   | Person  | Listed Ha  | as Solicit   | ed or Int                               | ends to S  | olicit Pui                      | rchasers                                  |                      |                      |                      |                      |                      |                |
|  | in Which   |   |  |  |   |  | olicit Pu                       | rchasers                                  |                      | ,                    |                      |                      |                      | .   All Stat   |
|  |  |   |  |  |   |  | olicit Pur<br><br>[CT]          | rchasers<br><br>[DE]                      | <br>[DC]             | <br>[FL]             | <br>[GA]             | <br>[HI]             |                      | . 🗆 All Stat   |
| (Ch  | eck "All S<br>[AL]<br>[IL]   | States" or<br>[AK]<br>[IN]                                  | r check in<br>[AZ]<br>[IA]   | ndividual<br>[AR]<br>[KS]  | States). [CA] [KY]                      | [CO]<br>[LA]   | [CT]<br>[ME]                    | [DE]<br>[MD]                              | [MA]                 | [MI]                 | [MN]                 | [MS]                 | [MO]                 | . 🗆 All Stat   |
| (Ch  | eck "All S<br>[AL]<br>[IL]<br>[MT]                                       | States" of<br>[AK]<br>[IN]<br>[NE]                          | r check in<br>[AZ]<br>[IA]<br>[NV]   | ndividual<br>[AR]<br>[KS]<br>[NH]                                | States). [CA] [KY] [NJ]                 | [CO]<br>[LA]<br>[NM]   | [CT]<br>[ME]<br>[NY]            | [DE]<br>[MD]<br>[NC]                      | [MA]<br>[ND]         | [MI]<br>[OH]         | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]         | . 🗆 All Stat   |
| (Ch  | eck "All S<br>[AL]<br>[IL]<br>[MT]<br>[RI]                               | States" or<br>[AK]<br>[IN]<br>[NE]<br>[SC]                  | r check in<br>[AZ]<br>[IA]<br>[NV]<br>[SD]   | ndividual<br>[AR]<br>[KS]<br>[NH]<br>[TN]                        | States). [CA] [KY] [NJ] [TX]            | [CO]<br>[LA]   | [CT]<br>[ME]                    | [DE]<br>[MD]                              | [MA]                 | [MI]                 | [MN]                 | [MS]                 | [MO]                 | . 🗆 All Stat   |
| (Ch  | eck "All S<br>[AL]<br>[IL]<br>[MT]                                       | States" or<br>[AK]<br>[IN]<br>[NE]<br>[SC]                  | r check in<br>[AZ]<br>[IA]<br>[NV]<br>[SD]   | ndividual<br>[AR]<br>[KS]<br>[NH]<br>[TN]                        | States). [CA] [KY] [NJ] [TX]            | [CO]<br>[LA]<br>[NM]   | [CT]<br>[ME]<br>[NY]            | [DE]<br>[MD]<br>[NC]                      | [MA]<br>[ND]         | [MI]<br>[OH]         | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]         | . □ All Stat   |
| (Ch  | eck "All S<br>[AL]<br>[IL]<br>[MT]<br>[RI]<br>Vame (Las                  | [AK] [IN] [NE] [SC]   | r check in [AZ] [IA] [NV] [SD] irst, if in   | ndividual<br>[AR]<br>[KS]<br>[NH]<br>[TN]<br>dividual)           | States). [CA] [KY] [NJ] [TX]            | [CO]<br>[LA]<br>[NM]<br>[UT]   | [CT]<br>[ME]<br>[NY]<br>[VT]    | [DE]<br>[MD]<br>[NC]<br>[VA]              | [MA]<br>[ND]         | [MI]<br>[OH]         | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]         | . □ All Stat   |
| (Ch  | eck "All S<br>[AL]<br>[IL]<br>[MT]<br>[RI]                               | [AK] [IN] [NE] [SC]   | r check in [AZ] [IA] [NV] [SD] irst, if in   | ndividual<br>[AR]<br>[KS]<br>[NH]<br>[TN]<br>dividual)           | States). [CA] [KY] [NJ] [TX]            | [CO]<br>[LA]<br>[NM]<br>[UT]   | [CT]<br>[ME]<br>[NY]<br>[VT]    | [DE]<br>[MD]<br>[NC]<br>[VA]              | [MA]<br>[ND]         | [MI]<br>[OH]         | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]         | . □ All Stat   |
| (Ch<br>Full N                                | eck "All S [AL] [IL] [MT] [RI]  Name (Las                                | [AK] [IN] [NE] [SC] t name findence A                       | r check in [AZ] [IA] [NV] [SD] irst, if indicates (I   | ndividual [AR] [KS] [NH] [TN] dividual)                          | States). [CA] [KY] [NJ] [TX]            | [CO]<br>[LA]<br>[NM]<br>[UT]   | [CT]<br>[ME]<br>[NY]<br>[VT]    | [DE]<br>[MD]<br>[NC]<br>[VA]              | [MA]<br>[ND]         | [MI]<br>[OH]         | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]         | . □ All Stat   |
| (Ch<br>Full N<br>Busine                      | eck "All S<br>[AL]<br>[IL]<br>[MT]<br>[RI]<br>Vame (Las                  | [AK] [IN] [NE] [SC] t name findence A                       | r check in [AZ] [IA] [NV] [SD] irst, if indicates (I   | ndividual [AR] [KS] [NH] [TN] dividual)                          | States). [CA] [KY] [NJ] [TX]            | [CO]<br>[LA]<br>[NM]<br>[UT]   | [CT]<br>[ME]<br>[NY]<br>[VT]    | [DE]<br>[MD]<br>[NC]<br>[VA]              | [MA]<br>[ND]         | [MI]<br>[OH]         | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]         | . □ All Stat   |
| (Ch<br>Full N<br>Busine                      | eck "All S [AL] [IL] [MT] [RI]  Name (Lases or Reserved Association      | [AK] [IN] [NE] [SC] t name findence A                       | r check in [AZ] [IA] [NV] [SD] irst, if induction of December of D | ndividual [AR] [KS] [NH] [TN] dividual) Number                   | States). [CA] [KY] [NJ] [TX]            | [CO] [LA] [NM] [UT]  | [CT] [ME] [NY] [VT]             | [DE]<br>[MD]<br>[NC]<br>[VA]              | [MA]<br>[ND]         | [MI]<br>[OH]         | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]         | . □ AII Stat   |
| (Ch<br>Full N<br>Busine                      | eck "All S [AL] [IL] [MT] [RI]  Name (Las                                | [AK] [IN] [NE] [SC] t name findence And atted Brown         | r check in [AZ] [IA] [NV] [SD] irst, if induction of Deliver or De | (AR) [KS] [NH] [TN] dividual) Number realer                      | States). [CA] [KY] [NJ] [TX] and Stree  | [CO] [LA] [NM] [UT]  | [CT] [ME] [NY] [VT]             | [DE]<br>[MD]<br>[NC]<br>[VA]              | [MA]<br>[ND]         | [MI]<br>[OH]         | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]         | . □ All Stat   |
| Ch Susing                                    | [AL] [IL] [MT] [RI]  Name (Lases or Reserved Association Which           | [AK] [IN] [NE] [SC] t name findence And atted Brown         | r check in [AZ] [IA] [NV] [SD] irst, if induction of Deliver or De | (AR) [KS] [NH] [TN] dividual) Number realer                      | States). [CA] [KY] [NJ] [TX] and Stree  | [CO] [LA] [NM] [UT]  | [CT] [ME] [NY] [VT]             | [DE]<br>[MD]<br>[NC]<br>[VA]              | [MA]<br>[ND]         | [MI]<br>[OH]         | [MN]<br>[OK]         | [MS]<br>[OR]         | [MO]<br>[PA]         |                |
| Ch Susing                                    | [AL] [IL] [MT] [RI]  Vame (Lassess or Reserved in Which leck "All S      | [AK] [IN] [NE] [SC] t name findence A lated Brown Person    | r check in [AZ] [IA] [NV] [SD] irst, if incoderess (Iaddress (Iadd | ndividual [AR] [KS] [NH] [TN] dividual) Number realer            | States). [CA] [KY] [NJ] [TX] and Stree  | [CO] [LA] [NM] [UT] et, City, Set, City, Set | [CT] [ME] [NY] [VT]             | [DE] [MD] [NC] [VA]                       | [MA]<br>[ND]<br>[WA] | [MI]<br>[OH]<br>[WV] | [MN]<br>[OK]<br>[WI] | [MS]<br>[OR]<br>[WY] | [MO]<br>[PA]<br>[PR] |                |
| Full N Busine Name                           | [AL] [IL] [MT] [RI]  Same (Lase of Association Which leck "All Same [AL] | [AK] [IN] [NE] [SC] t name f idence A iated Bro Person [AK] | r check in [AZ] [IA] [NV] [SD] irst, if income address (Iaddress ( | ndividual [AR] [KS] [NH] [TN] dividual) Number realer as Solicit | States). [CA] [KY] [NJ] [TX]  and Stree | [CO] [LA] [NM] [UT]  et, City, Set, City, Se | [CT] [ME] [NY] [VT]  State, Zip | [DE] [MD] [NC] [VA]  Code)  rchasers [DE] | [MA]<br>[ND]<br>[WA] | [MI]<br>[OH]<br>[WV] | [MN]<br>[OK]<br>[WI] | [MS]<br>[OR]<br>[WY] | [MO]<br>[PA]<br>[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

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 \(\sigma\) and indicate the columns below the amounts of the securities offered for exchange and already exchanged.

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2.

3.

| Type of Security  | Aggregate<br>Offering Price                                  | Amount<br>Already Sold                  |
|---|--|---|
| Debt  | \$   | \$                                      |
| Equity  | \$   | \$                                      |
| Convertible Securities (including warrants)   | \$   | \$                                      |
| Membership Interests  | \$ <u>500,000</u>  | \$_0.00                                 |
| Other (Specify_)  | \$   | \$                                      |
| Total   | \$_500,000   | \$ 0.00                                 |
| Enter the number of accredited and non-accredited investors who have purchase offering and the aggregate dollar amounts of their purchases. For offering unde the number of persons who have purchased securities and the aggregate dollar apurchases on the total lines. Enter "0" if answer is "none" or "zero."              | d securities in this<br>r Rule 504, indica<br>mount of their | ate                                     |
| Rule 506 Offering   | Number<br>Investors  | Aggregate Dollar<br>Amount of Purchases |
| Accredited Investors  | 0  | \$                                      |
| Non-Accredited  |  | \$ 0                                    |
| Total (for filings under Rule 504 only)   |  | \$                                      |
| If this filing is for an offering under Rule 504 or 505, enter the information requesecurities sold by the issuer, to date, in offerings of the types indicated, in the typior to the first sale of securities in this offering. Classify securities by type list Question 1.   | nested for all<br>velve (12) months<br>ed in Part C-         | ;                                       |
| Not Applicable  | Tune of  | Dollar                                  |
| Type of Offering  | Type of<br>Security  | Amount Sold                             |
| Rule 505  |  | \$                                      |
| Regulation A  |  | \$                                      |
| Rule 504  |  | \$                                      |
| Total   |  | \$                                      |
| Furnish a statement of all expenses in connection with the issuance and distribut in this offering. Exclude amounts relating solely to organization expenses of the information may be given as subject to future contingencies. If the amount of the known, furnish an estimate and check the box to the left of the estimate. | e issuer. The  |   |
| Transfer Agent's Fees   |  | \$ <u>0</u>                             |
| Printing and Engraving Costs  |  | \$ <u>0</u>                             |
| Legal Fees  | ⊠  | \$_15,000                               |
| Accounting Fees   |  | \$                                      |
| Engineering Fees  |  | \$                                      |
| Sales Commissions and Management Fee (specify finders' fees separately)   |  | \$                                      |
| Other Expenses (identify) (Blue sky and miscellaneous fees)   |  | \$ 5,000                                |
| Total   | 🖂  | \$ 20,000                               |

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 4.6. Enter the difference between the aggregate offering price given in response to Part C -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 know, 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 & Payments to Affiliates Others Purchase, rental or leasing and installation of machinery Construction or leasing of plant buildings and facilities . . . . . 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) . . . \$ 320,000 150,000 \$ 10,000 \$480,000\* Total Payments Listed (column totals added) \*Assumes maximum offering 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 SGIP CLAREMONT LLC November 29, 2005 Title of Signer (Print or Type)

ATTENTION

Managing Member

Name of Signer (Print or Type)

Douglas P. Hercher

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

| 1.             | Is any party described in 17 CFR 2 disqualification provisions of such   | 230.262(c), (d), (e) or (f) presently subject to any rule?  | of the Yes No                                      |
|----------------|--|---|--|
| .2             | The undersigned issuer hereby und Form D (17 CFR 239.500) at such        | dertakes to furnish to any state administrator of an a times as required by state law.  | y state in which this notice is filed, a notice on |
| 3.             | The undersigned issuer hereby und issuer to offerees.                    | dertakes to furnish to the state administrators, upo  | on written request, information furnished by       |
| 4.             | Limited Offering Exemption (ULC  | that the issuer is familiar with the conditions that DE) of the state in which this notice is filed and under the burden of establishing that these conditions have | iderstands that the issuer claiming the            |
| The is unders  | suer has read this notification and kn<br>signed duly authorized person. | ows the contents to be true and has duly caused th  | nis notice to be signed on its behalf by the       |
| Issuer<br>SGIP | (Print or Type)<br>CLAREMONT LLC   | Signature   | Date November 29, 2005                             |
| Name<br>Dougl  | (Print or Type)<br>as P. Hercher   | Title of Signer (Print of Type) Managing Member   |  |

F. STATE SIGNATURE

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 the type or printed signatures.

| no<br>inve                                | end to sell on-accredite estors in Start B-Item | ed offering p offered in S (Part C-Ite | Numb         | per of | d amount pure Part C-Item 2)  Number Non-Accredic Investo | of ted | te waive<br>(Part | 5 ication under LOE (if yes, xplanation of r granted) E-Item 1)  No |
|---|---|--|--------------|--------|---|--------|-------------------|---|
| AL AK AZ AR CA CO CT DE DC FL GA HI ID IL | es N  | Members Interest                       | ship   Accre | dited  | Non-<br>Accredi   | ted    | nt Yes            | No  |
| AK AZ AR CA CO CT DE DC FL GA HI ID IL    |   |  |              |        |   |        |                   |   |
| AZ AR CA CO CT DE DC FL GA L HI ID IL IN  |   |  |              |        |   |        |                   |   |
| AR CA CO CT DE DC FL GA HI ID IL          |   |  |              |        |   |        |                   |   |
| CA CO CT DE DC FL GA III                  |   |  |              |        |   |        |                   |   |
| CO CT DE DC FL GA HI ID IL                |   |  |              |        |   |        |                   |   |
| CT DE DC FL GA HI ID IL                   |   |  |              |        |   |        |                   |   |
| DE DC FL GA III ID IL                     |   |  |              |        |   |        |                   | <del></del>   |
| DC FL GA HI ID IL                         |   |  |              |        |   |        | 1                 |   |
| FL GA III III III III III III III III III |   |  |              |        |   |        |                   |   |
| GA HI ID IL IN                            |   | i                                      |              |        |   |        |                   |   |
| I HI ID IL IN                             |   |  |              |        |   |        |                   |   |
| ID<br>IL<br>IN                            |   |  |              |        |   |        |                   |   |
| IL<br>IN                                  |   |  |              |        |   |        |                   |   |
| IN  |   |  |              |        |   |        |                   |   |
| <del></del>                               |   |  |              |        |   |        |                   |   |
| lA  |   |  |              |        |   |        |                   |   |
|   |   |  |              |        |   |        |                   |   |
| KS  |   |  |              |        |   |        |                   |   |
| KY  |   |  |              |        |   |        |                   |   |
| LA ·                                      |   |  |              |        |   |        |                   |   |
| ME  |   |  |              |        |   |        |                   |   |
| MD  |   |  |              |        |   |        |                   |   |
| MA  |   |  |              |        |   |        |                   |   |
| :: MI                                     |   |  |              |        |   |        |                   |   |
| MN  |   |  |              |        |   |        |                   |   |
| ··· MS                                    | 1   |  |              |        |   |        |                   |   |
| МО  | <del>  </del>                                   |  |              |        |   |        |                   |   |

|          | APPENDIX                                    |                                   |  |                                      |  |  |               |         |  |  |  |
|----------|---|-----------------------------------|--|--------------------------------------|--|--|---------------|---------|--|--|--|
| 1        | Intend t<br>non-acc<br>investors<br>(Part B | o sell to<br>credited<br>in State | 3 Type of Security and aggregate offering price offered in State (Part C-Item 1) | Type of inv                          | 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                                | Membership<br>Interests  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-<br>Accredited<br>Investors | Amount        | Yes     | No   |  |  |
| MT       |   |                                   |  |                                      |  |  |               |         |  |  |  |
| NE       |   |                                   |  |                                      |  |  |               |         |  |  |  |
| NV       |   |                                   |  |                                      |  |  |               |         |  |  |  |
| NH       |   |                                   | <u> </u>   |                                      |  |  | ·             |         |  |  |  |
| NJ       |   |                                   |  |                                      |  |  |               |         |  |  |  |
| NM       |   |                                   |  |                                      |  |  |               |         |  |  |  |
| NY       | ļ   | X                                 | \$500,000  |                                      |  | 0  |               |         | X  |  |  |
| NC       |   |                                   |  |                                      |  |  |               |         |  |  |  |
| ND       |   |                                   | ļ  |                                      |  |  |               |         |  |  |  |
| OH       | <b>_</b>                                    |                                   | <u> </u>   |                                      |  |  |               |         |  |  |  |
| OK       |   |                                   |  |                                      |  |  |               |         |  |  |  |
| OR       |   |                                   |  |                                      | -  | <u> </u>                                     |               |         |  |  |  |
| PA       |   | <u> </u>                          | <del> </del>   |                                      |  |  |               |         |  |  |  |
| RI<br>SC | <del> </del>                                | <u></u>                           |  |                                      |  | <u> </u>                                     | <del></del>   |         |  |  |  |
| SD       |   |                                   |  |                                      |  |  | <del></del>   |         |  |  |  |
| TN       | <del> </del>                                |                                   |  |                                      |  | <del> </del>                                 |               | <b></b> |  |  |  |
| TX       | <del> </del>                                | <del> </del> -                    | <del>                                     </del>                                 |                                      |  | <del> </del>                                 |               |         |  |  |  |
| UT       | <del> </del>                                |                                   | <del></del>  |                                      |  | -  |               |         |  |  |  |
| VT       | <del> </del> -                              |                                   | <del> </del>   |                                      |  | <u> </u>                                     | <del></del> _ |         |  |  |  |
| VA       | 1   |                                   | 1  |                                      |  |  |               |         |  |  |  |
| WA       |   | <u> </u>                          |  |                                      | <del></del>  | 1  |               |         |  |  |  |
| ₩V       |   |                                   |  |                                      |  |  |               |         |  |  |  |
| w. WI    | <b>†</b>                                    |                                   |  |                                      |  |  |               |         |  |  |  |
| WY       |   |                                   |  |                                      |  |  |               |         |  |  |  |
| PR       |   |                                   |  |                                      |  |  |               |         |  |  |  |