

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

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

OMB APPROVAL

OMB Number: 3235-0076

Expires:

Estimated average burden hours per response. . . . . 16.00



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	<del></del> 050/4593
Private Placement	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Under (Check box(es) that apply): Amendment	ILOE
A. BASIC IDENTIFICATION DATA	rial Kessel
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	DEC 2 2 2005
The Navvo Group, LLC	1000mpc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Tel	ephone Number (Including Area Code
7580 Quattro Drive, Chanhassen, MN 55317 (952)	392-2045 FINAINGIAL
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	elephone Number (Including Area Code)
Brief Description of Business	
Distribution of Voice Activated Products	
Type of Business Organization	1:-::
□ corporation       □ limited partnership, already formed       ✓ other (please s         □ business trust       □ limited partnership, to be formed	pecify): limited liability company
Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	<b>5</b> .
OFNED ALINETRUCTIONS	=

### 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.

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 predictated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA 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 Partner Full Name (Last name first, if individual) Wade Fenn, Chairman, President Business or Residence Address (Number and Street, City, State, Zip Code) 7580 Quattro Drive, Chanhassen, MN 55317 Promoter **Executive Officer ✓** Beneficial Owner Check Box(es) that Apply: Director General and/or Managing Partner Full Name (Last name first, if individual) Marketmakers, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 7580 Quattro Drive, Chanhassen, MN 55317 Check Box(es) that Apply: Promoter ✓ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) PNY Technologies, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 299 Webro Road, Parsippany, NJ 07054 ☐ Beneficial Owner Check Box(es) that Apply: Promoter **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) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ 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 General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(E) (A)					B. II	NFORMATI	ON ABOU	r offeri	٧G				
1.	Has the	issuer sole	d. or does tl	he issuer i	ntend to se	ll. to non-a	ccredited in	vestors in	this offeri	nø?		Yes	No <b>IX</b>
••	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.							المسط	E.				
2.								\$					
	3. Does the offering permit joint ownership of a single unit?							Yes	No				
3.		-										K	
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	l Name (	Last name	first, if ind	ividual)	77 3 300 301 30 4								
Bus	siness or	Residence	Address (N	lumber and	d Street, Ci	ty, State, Z	ip Code)						
Nan	ne of As	sociated Br	oker or De	aler									
Stat	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	s" 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 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
	KI	<u> </u>		[114]	<u> </u>	<u>[01]</u>		<u> </u>	WA	<u> </u>		<u> </u>	
Full	Name (	Last name	first, if indi	ividual)									
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	sociated Br	oker or De	aler						-			
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check	individual	States)				·····	••••			States
	AL	AK	AZ	AR	CA	CO	CT			(E)			
							CI	DE	DC	FL	[GA]	HI	ID
	IL	IN	IA	KS	KY	LA	ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	IN NE SC	IA NV SD	NH TN	KY	LA	ME	MD	MA	MI	MN	MS	MO
Full	MT RI	IN NE SC	IA NV	NH TN	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI Name (i	IN NE SC	IA NV SD	KS NH TN ividual)	KY NJ TX	LA NM UT	ME NY VT	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
Bus	MT RI Name (i	IN NE SC Last name	IA  NV  SD  first, if indi	KS NH TN ividual)	KY NJ TX	LA NM UT	ME NY VT	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
Bus Nan	MT RI I Name (iness or	IN NE SC Last name Residence	IA NV SD first, if indi Address (N	KS NH TN ividual)	KY NJ TX d Street, C	LA NM UT	ME NY VT	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
Bus Nan	MT RI Name (in in ess or ne of Ass	IN NE SC  Last name Residence	IA  NV  SD  first, if indi  Address (N	KS NH TN ividual) Number an aler Solicited	KY NJ TX  d Street, C	LA NM UT ity, State, 2	ME NY VT Zip Code)	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA
Bus Nan	MT RI Name (in iness or ine of Assures in What (Check	IN NE SC Last name Residence sociated Br nich Person "All States	IA  NV  SD  first, if indi  Address (N  oker or Dea  Listed Has " or check  AZ	KS NH TN ividual) Number an aler s Solicited individual	KY NJ TX  d Street, C  or Intends States)	LA NM UT  ity, State, 2  to Solicit I	ME NY VT  Zip Code)	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR  I States
Bus Nan	RI Name (iness or ne of Assues in Wh	IN NE SC Last name Residence sociated Br tich Person "All States	IA  NV  SD  first, if indi  Address (N  oker or Dea  Listed Has " or check	KS NH TN ividual) Number an aler Solicited individual	KY NJ TX  d Street, C  or Intends States)	LA NM UT ity, State, 2	ME NY VT  Zip Code)	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR

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

	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	-	s 0.00
			\$ 2,000,000.00
	Equity	\$	\$
	Common Preferred	a 1 000 000 00	0.00
	Convertible Securities (including warrants)	\$	
	Partnership Interests		
	Other (Specify)		
	Total	\$ 3,230,000.00	\$_2,000,000.00
	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."	<b>;</b>	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ 2,000,000.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		\$ 2,000,000.00
	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	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
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 insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 40,000.00
	Accounting Fees	_	\$ 2,000.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
			Φ
	Other Expenses (identify)		\$

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			3,208,000.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[	\$	\$
	Purchase of real estate	[	\$	. 🗆 \$
	Purchase, rental or leasing and installation of macand equipment		<b>]</b> \$	. 🗆 \$
	Construction or leasing of plant buildings and fac	ilities[	\$	- \$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	¬\$	— □ \$	
	Repayment of indebtedness		<del></del>	<del></del>
	Working capital			
	Other (specify):			
			\$	. 🗆 \$
	Column Totals	[	\$_0.00	\$_3,208,000.00
	Total Payments Listed (column totals added)	<b>3</b> ,208,000.00		
18) k		D. FEDERAL SIGNATURE		770000
sign	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commis	sion, upon writte	
Issu	er (Print or Type)	Signature	Date	
	e Navvo Group, LLC		12/14/05	
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
pra	dley Smith	Vice President, Strategic Development		

- ATTENTION -----

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