FORM D



ED STATES KCHANGE COMMISSION ∠ton, DC 20549

FORM D

BEST AVAILABLE Estimated average burden House Presponse...16.00

OMB Number: 3235-0076 Expires: November 30, 2001

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

SEC USE ONLY Prefix Serial DATE RECEIVED 200%

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Peer 1 Network (USA) Series A Preferred Stock

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ☐ ULOE

Type of Filing New Filing Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (C) check if this is an amendment and name has changed, and indicate change.)

Peer I Network (USA), Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code)

555 West Hastings Street, Ste. 1600, Vancouver, British Columbia, Canada V6B 4N5 Address of Principal Business Operations (Number and Street, City, State, Zip Code)

(if different from Executive Offices)

Brief Description of Business

Telephone Number (Including Area Code)

(604) 6683-7747

Telephone Number (Including Area Code)

Internet infinistructure provider offering server colocation. IP network and customer support to customers who range from gaming to Internet telephony, to enterprise,

Type of Business Organization

corporation business trust

limited partnership, already formed ☐ fimited partnership, to be formed

O other (please specify):

Actual or Estimated Date of Incorporation or Organization:

Month

☑ Actual

□ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

CN for Canada: FN for other foreign jurisdiction)

□□ WA

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, N.W., Washington, D.C. 20549

Copies Required: Five 15) 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

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 predicated on the filing of a federal notice.

Potential persons who are to 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:

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A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(65) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer and President	☐ Director	☐ General and/or Managing Partner Managing Member
Full Name (Last name first,	if individual)				Wangging Memoer
Peer 1 Network Ente					
Business or Residence Adda	ress (Number and St	reet, City, State, Zip Code)			
555 West Hastings S	treet, Ste. 1600	Vancouver, British Col	umbia, Canada V6B 4N	5	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)	· <u>-</u>			
Hampson, C. Geoffre	еу				
Business or Residence Adda	ress (Number and St	reet, City, State, Zip Code)			
555 West Hastings S	treet, Ste. 1600	Vancouver, British Col	umbia, Canada V6B 4N		
Check Box(cs) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Tracey, Lance					
Business or Residence Add	ress (Number and St	reet, City, State, Zip Code)			
555 West Hastings S	treet, Ste. 1600	, Vancouver, British Col	umbia, Canada V6B 4N	5	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				·
Taylor, James P.					
Business or Residence Add	ress (Number and Si	reet, City, State, Zip Code)			
555 West Hastings S	treet, Ste. 1600	. Vancouver, British Col	lumbia, Canada V6B 4N	5	
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Add	ress (Number and St	reet, 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 Add	ress (Number and Si	reet, 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 Add	ress (Number and Si	rees, City, State, Zip Code)		<u>-</u> -	

B. INFORMATION ABOUT OFFERING							
Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No ☑					
Answer also in Appendix, Column 2, if filing under ULOE.							
2. What is the minimum investment that will be accepted from any individual?	\$1,000.00						
3. Does the offering permit joint ownership of a single unit?	Ycs ☑	No □					
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar repurchasers 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 d 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 forth the information for that broker or dealer only.	ealer registered	with the SEC					
Full Name (Last name first, if individual)							
N/A							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Name of Associated Broker or Dealer							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individual States)							
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]							
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]							
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]							
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Name of Associated Broker or Dealer							
							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]							
[IL] [N] [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] [VA] [WA] [WV] [WI] [WY] [PR]							
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Name of Associated Broker or Dealer							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individual States)							
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[RI] [SC] [SD] [TN] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR]							
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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 offer- ing, check this box □ and indicate in the column below the amounts of the securities of- 		
fered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	s	s
Equity		\$7,000,000.00
	<u> </u>	4 Maya load ba
☐ Common ☐Preferred		
Convertible Securities (including warrants)	\$	s
Partnership Interests		s
Other (Specify)	S	s
Total		\$7,000,000.00
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."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	11	\$7,000,000.00
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed		
in Part C-Question 1.		
Type of offering	Type of Security	Dellar Amount Sold
Rule 505		s
Regulation A	•••••	S
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		s
Printing and Engraving Costs		\$
Logal Fees		\$100,000.00
Accounting Fees		\$
Engineering Fees		s
Sales Commissions (Specify finder's fees separately)	_	s
Other Expenses (identify)		\$200,000.00
Total		\$300,000.00

C. OFFERING PRICE	, NUMBER OF INVESTORS, E	XPE	NSES AND I	USE OF	PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>6,700,000.00</u>			
 Indicate below the amount of the adjusted groused for each of the purposes shown. If the am estimate and check the hox to the left of the must equal the adjusted gross proceeds to the 	nount for any purpose is not known, furnish to estimate. The total of the payments listed					
tion 4.b. above.		I	Payments to			
			Officers, Directors, & Affiliates		Payments To Others	
Salaries and fees	,,	0	\$		\$	
Purchase of real estate			s		S	
Purchase, rental or leasing and install	ation of machinery and equipment		s		\$	
Construction or leasing of plant build	ings and facilities		s		\$	
Acquisition of other businesses (inclu	ding the value of securities involved in this					
	c for the assets or securities of another issuer		s		s	
•			\$		s	
· -			\$		\$6,700,00,00	
			s		\$	
			-		-	
			S		s	
_			\$	◩	\$ <u>6,700.00.00</u>	
Total Payments Listed (column totals added)		······································	包	\$ <u>6,700,00.0</u>	<u>o</u>	
	D. FEDERAL SIGNAT	TURE	<u> </u>			
The issuer has duly caused this notice to be sign undertaking by the issuer to furnish to the U.S non-accredited investor pursuant to paragraph (b	ned by the undersigned duly authorized person. If to Securities and Exchange Commission, upon writing (2) of Rule 502.	his notic iten req	uest of its staff, th	ule 505, the ne informati	following signature const on furnished by the issue	itutes an r to any
Issuer (Print or Type)	Signature		Date			
Pccr 1 Network (USA), Inc.	Spanne		Seg	stenb	m 19, 2000	5
Name of Signer (Print or Type)	Title of Signer (Print or Type)		•			
C. Geoffrey Hampson	President and Chief Executive Of	ficer				
	ATTENTION		•			
Intentional misstatements or omissions of fact	constitute federal criminal violations, (See IR U.	.S.C. 10	01.1	_		