FORM D



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: April 30, 2008
Estimated average burden



Name of Offering Checkylf this is an amendment and name has changed, and indicate change.)
Sale of common stock warrants
Filing Under (Check box(es) that apply):
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.)
Simtek Corporation
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
4250 Buckingham Drive, Suite 100 Colorado Springs, CO 80907 719-531-9444
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business Simtek provides integrated circuits to the electronics market for use in a variety of systems, such as
computers, copiers, factory controllers, electric meters and military systems
Type of Business Organization Corporation business trust Imited partnership, already formed limited partnership, to be formed PROCESSED
Month Year
Actual or Estimated Date of Incorporation or Organization: 01 1986 ☑ Actual ☐ Estimated JUN 2 2 2006
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) THOMSON FINANCIAL
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. 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 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 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 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 the 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 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 I adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each 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 pramount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice shall 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 t

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

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.

		A. BASIC IDEN	TIFICATION DATA	· · ·	·
2. Enter the information reques	ted for the following	ng:			
Each promoter of the is	ssuer, if the issuer l	nas been organized within th	e past five years;		
Each beneficial owner	having the power t	o vote or dispose, or direct t	he vote or disposition of, 10	% or more of a cl	ass of equity securities of the issuer
Each executive officer	and director of cor	porate issuers and of corpora	ate general and managing p	artners of partners	hip issuers; and
 Each general and mana 	iging partner of par	tnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Harold Blomquist					
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
4250 Buckingham Dr.,	Ste. 100	Colorado Spr	ings, CO 80907		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	vidual)			····	
Brian Alleman					
Business or Residence Address		(Number and Street, C	City, State, Zip Code)	···	
4250 Buckingham Dr.,	Ste. 100	Colorado Spr	ings, CO 80907		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	ividual)				
Business or Residence Address		(Number and Street, C	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 indi	ividual)				
Alfred Stein					
Business or Residence Address	·- <u>-</u>	(Number and Street, C	City, State, Zip Code)		
410 Old Oak Court		Los Altos, CA	A 94022		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Robert H. Keeley					
Business or Residence Address	-	(Number and Street, C	City, State, Zip Code)		·
P.O. Box 240		Hillside, CO	81232		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)		· · · · · · · · · · · · · · · · · · ·		
Ronald Sartore					
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
14445 Cypress Point		Poway, CA			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or

Suite 210-LB59, Dallas, TX 75203

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

8080 N. Central Expressway

Robert Pearson
Business or Residence Address

Managing Partner

Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	□Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if ind	ividual)					_
Crestview Capital Mas	ster LLC					
Business or Residence Address		(Number and Street,	City, State, Zip Code)		<u></u>	
95 Revere Drive, Suite	e A	Northbrook,	IL 60062			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if ind	lividual)					_
Cypress Semiconducto	or Corporatio	n				
Business or Residence Address			City, State, Zip Code)			
3901 North First Stree	t	San Jose, CA	95134			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if ind	ividual)					_
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 ind	lividual)					_
Business or Residence Address		(Number and Street,	City, State, Zip Code)			

					В. П	NFORMAT	TON ABOU	T OFFERI	NG					
	TT .1	•	1 1 1		1 . 11		11. 1.					Yes	No	
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.									Ø				
2.										\$	N/A			
~ .	W Hat 13		!	iciit tiiat wi	п ос ассер	tou nom an	iy marvida	u1:	***************************************		••••••	Yes	No	
3.	Does the	e offering	permit joint	ownership	of a single	e unit?	••••		•••••				Ø	
4.	Enter th	e informa	tion request	ted for eac	h person w	vho has be	en or will l	be paid or	given, dire	ctly or ind	irectly, any			
	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 or 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. 1 Name (Last name first, if individual)													
Full N	lame (Las	t name firs	st, if individ	lual)										
Busin	ess or Res	sidence Ad	dress (Num	ber and St	reet, City, S	State, Zip C	Code)							
	Name of Associated Broker or Dealer													
Name	of Assoc	iated Brok	er or Deale	r						_				
States	in Which	Person Li	isted Has So	olicited or I	ntends to S	Solicit Purc	hasers				,			
(Check "A	Il States"	or check inc	lividual Sta	ntes)						☐ Al	l States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	NV	NH	ИЛ	NM	NY	NC	ND	ОН	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV.	WI	WY	PR	
					<u> </u>							,—— —		
Full N	lame (Las	t name fire	st, if individ	lual)										
Busin	ess or Res	sidence Ad	ldress (Num	nber and St	reet, City, S	State, Zip (Code)							
Name	of Assoc	iated Brok	er or Deale	r										
States	in Which	Person L	isted Has So	olicited or I	ntends to S	Solicit Purc	hasers							
(Check "A	ll States"	or check ind	lividual Sta	ites)		•••••				☐ A1	l States		
	AL	AK	$\overline{A}Z$	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	AI	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	NV	NH	NJ	MM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	ΝA	WA	WV	WI	WY	PR	
Full N	Name (Las	t name fir	st, if individ	lual)										
					-									
Busin	ess or Res	sidence Ad	ldress (Nun	ber and St	reet, City, S	State, Zip (Code)							
Name	of Assoc	iated Brok	er or Deale	r										
States	in Which	Person L	isted Has So	olicited or l	intends to S	Solicit Purc	hasers							
(Check "A	Il States"	or check ind	lividual Sta	ites)						☐ Al	l 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	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	

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

5 of 12

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
l.	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 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\$	_	\$	
	Equity\$			
	☐ Common ☐ Preferred		-	
	Convertible Securities (including warrants) Common Stock Warrants (See Footnote 1, page 6) \$	0	\$_	0
	Partnership Interests\$		\$_	
	Other (Specify)			
	Total\$			0
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the amount 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	3	\$_	0
	Non-accredited Investors	0	\$_	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 1.			
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505		\$_	
	Regulation A		\$_	
	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		\$_	
	Printing and Engraving Costs		\$_	
	Legal Fees		\$_	
	Accounting Fees.		\$_	
	Engineering Fees.		\$_	
	Sales Commissions (specify finders' fees separately)		\$_	
	Other Expenses (identify)		\$_	
	m . 1	_	•	^

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	}	
Enter the difference between the aggregate offering price given in response to P Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference adjusted gross proceeds to the issuer."	ce is the		\$0-
ndicate below the amount of the adjusted gross proceeds to the issuer used or proposed to or each of the purposes shown. If the amount for any purpose is not known, furnish an end check the box to the left of the estimate. The total of the payments listed must end djusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	estimate qual the		
	Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries and fees	□ \$	_ □	\$
Purchase of real estate	□ \$	_ □	\$
Purchase, rental or leasing and installation of machinery and equipment	S		\$
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)	□ \$		\$
Repayment of Indebtedness			\$
Working capital			\$
Other (specify):			\$
	-		
	\$	_ □	\$
Column Totals	S		\$
Total Payments Listed (column totals added)	П \$		-0-

Footnote 1: In consideration of the waiver of financial covenants and subordination of debt by certain investors, Simtek Corporation issued warrants to purchase an aggregate of 249,910 shares of its common stock at the exercise price of \$0.33 per share on or before May 26, 2011.

				1
D. FEI	ERAL SIGNATUR	r		1
D. P.E.	THE DIGITAL OF			1

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
Simtek Corporation	Signature	June 12, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
HAROLD BLOMQUIST	Chief Executive Officer	

		E. STATE SIGNATURE	
1.	* * *	presently subject to any of the disqualification	Yes No □ ☑
	•	See Appendix, Column 5, for state respon	
2.	The undersigned issuer hereby undertake (17 CFR 239.500) at such times as require		state in which this notice if filed, a notice on Form
3.	The undersigned issuer hereby undertake offerees.	s to furnish to the state administrators, upon v	written request, information furnished by the issuer
4.		in which this notice is filed and understands that	ust be satisfied to be entitled to the Uniform Limit at the issuer claiming the availability of this exemption
	e issuer has read this notification and knows y authorized person.	the contents to be true and has duly caused this	notice to be signed on its behalf by the undersigned
Issu	ner (Print or Type)	Signature 1 2.1 X	Date
Sin	ntek Corporation	1 1/3/	June 12, 2006
Nai	me of Signer (Print or Type)	Title of Signer (Print or Type)	

Chief Executive Officer

Instruction

Harold Blomquist

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.

2 3 4 5 1 Disqualification under State Type of security ULOE (if yes, Intend to sell and aggregate attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State investors in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes Investors **Investors** No Yes No Amount **Amount** ALAK ΑZ AR CACO CTDE DC FLGA \mathbf{HI} ID ILIN IA KS KY LA ME MDMA MI MN MS

APPENDIX

APPENDIX

1		2	3		4					
	to non investo	nd to sell -accredited ors in State 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)			Disqual unde ULOE att explan waiver	lification r State (if yes, ach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
MT	_									
NE										
NV										
NJ										
NM										
NY										
NC										
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX	Х		Common Stock Warrants	3		0			X	
UT										
VT										
VA										
WA										
wv										
WI										

				APPE	NDIX							
$\sqrt{1}$		2	3 4				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)			Type of investor and amount purchased in State (Part C-Item 2)								
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amou nt	Yes	No			
WY		1										
PR												