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

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

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden



| Series A Preferred Stock Financing | | |
|---|--|-----------------------------------|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | ULOE | 37/6/08 |
| 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.) ALTRA Inc. | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Num | iber (Including Area Code) |
| 11911 San Vicente Blvd. #325, Los Angeles, CA 90049 | 213-213-7325 | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Nur | nber (Including Area Code) |
| Brief Description of Business | | RECD S.E.O. |
| Renewable Biofuels | The state of the s | JUL 2 8 2005 |
| Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed | lease specify): | 1088 |
| Month Year Actual or Estimated Date of Incorporation or Organization: 1 0 0 0 Actual Estir Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | nated : | PROCESSED AUG 0 7 2000 |
| GENERAL INSTRUCTIONS | ······································ | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 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 deeme | ed filed with the U.S. Securities |

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.

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

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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

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| | Charles and the contract of | | ENTIFICATION DA | TA | | |
|---|-----------------------------|------------------------------|-------------------------|-----------------------|-----------------|---------------------------------------|
| 2. Enter the information req | uested for the foll | lowing: | | | | |
| Each promoter of th | e issuer, if the iss | uer has been organized w | vithin the past five ye | ars; | | |
| Each beneficial own | er having the power | er to vote or dispose, or di | rect the vote or dispos | ition of, 10% or more | of a class of e | quity securities of the issuer |
| Each executive office | er and director of | corporate issuers and of | corporate general and | d managing partners o | f partnership | issuers; and |
| Each general and m | anaging partner of | f partnership issuers. | | | | |
| Check Box(es) that Apply: | Promoter | | Executive Off | icer Director | L | eral and/or naging Partner |
| Full Name (Last name first, if Omninet Biofuels, LP | individual) | | | | | |
| Business or Residence Address 9420 Wilshire Blvd., Suite | | | ode) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Off | icer Director | | eral and/or naging Partner |
| Full Name (Last name first, if SCP Malibu Biofuels, LP (| , | nds) | | | | |
| Business or Residence Address | s (Number and | Street, City, State, Zip C | ode) | | | |
| 11111 Santa Monica Blvd., | - | - · · · · · | , | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Off | icer Director | | eral and/or naging Partner |
| Full Name (Last name first, if KPCB Holdings, Inc. | individual) | | | | | |
| Business or Residence Address | s (Number and | Street, City, State, Zip Co | ode) | | | |
| 2750 Sand Hill Rd., Menlo | Park, CA 9402 | 5 | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Off | icer Director | | eral and/or naging Partner |
| Full Name (Last name first, if | individual) | | | | | |
| Khosla Ventures II, LP | | | | | | |
| Business or Residence Address | s (Number and | Street, City, State, Zip C | ode) | | | |
| 2744 Sand Hill Road, Mer | • | | , | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Off | icer Director | | eral and/or naging Partner |
| Full Name (Last name first, if The Dretzka Revocable F | | | | | | |
| Business or Residence Addres | s (Number and | Street, City, State, Zip C | ode) | | | |
| 6632 Kentwood Bluffs Driv | ve, Los Angeles | , CA 90045 | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Off | icer Director | | eral and/or naging Partner |
| Full Name (Last name first, if L&L Gross Living Trust D | | | | | | |
| Business or Residence Addres 11911 San Vicente Blvd. | • | • • • • | ode) | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Of | ficer Director | | eral and/or naging Partner |
| Full Name (Last name first, if David A. Cohen | individual) | | | | | |
| Business or Residence Addres | s (Number and | Street, City, State, Zip C | ode) | | | · · · · · · · · · · · · · · · · · · · |

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

17772 Calle de Palermo, Pacific Palisades, CA 90272

| A. BASIC DENTIFI | CATION 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 | e general and managing partners of | partnership issuers; and | |
| Each general and managing partner of partnership issuers. | | | |
| Check Box(es) that Apply: Promoter Deneficial Owner Denef | xecutive Officer 📝 Director | General and/or Managing Partner | |
| Full Name (Last name first, if individual) Lawrence S. Gross | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 11911 San Vicente Blvd., #325, Los Angeles, CA 90049 | | | |
| Check Box(es) that Apply: Promoter Promoter Beneficial Owner E | xecutive Officer Director | General and/or Managing Partner | |
| Full Name (Last name first, if individual) Benjamin Nazarian | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 9420 Wilshire Blvd., Suite 400, Beverly Hills, CA 90212 | | | |
| Check Box(es) that Apply: Promoter M Beneficial Owner E | xecutive Officer | General and/or Managing Partner | |
| Full Name (Last name first, if individual) John Denniston | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | |
| 2750 Sand Hill Rd., Menlo Park, CA 94025 | | | |
| Check Box(es) that Apply: Promoter Deneficial Owner E | xecutive Officer Director | General and/or Managing Partner | |
| Full Name (Last name first, if individual) Daniel Gardenswartz | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | |
| 11111 Santa Monica Blvd., Suite 2200, Los Angeles, CA 90025 | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner E | xecutive Officer | General and/or Managing Partner | |
| Full Name (Last name first, if individual) Daniel Weiss | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 2029 Century Park East, Suite 2980, Los Angeles, CA 90067 | | | |
| | xecutive Officer Director | General and/or Managing Partner | |
| Full Name (Last name first, if individual) Fred Krupica | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 11911 San Vicente Blvd. #325, Los Angeles, CA 90049 | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner E | executive Officer Director | General and/or Managing Partner | |
| Full Name (Last name first, if individual) | | 744, 44, 14, 17, 18, 14 | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | |

| | B. INFORMATION ABOUT OFFERING | | |
|-----|--|----------------------|----------------|
| 1. | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | Yes | No |
| 1. | Answer also in Appendix, Column 2, if filing under ULOE. | L | |
| 2. | What is the minimum investment that will be accepted from any individual? | \$ 0.00 | 0 |
| | , | Yes | No |
| 3. | Does the offering permit joint ownership of a single unit? | | |
| 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. | | |
| Ful | l Name (Last name first, if individual) | | |
| Bus | siness or Residence Address (Number and Street, City, State, Zip Code) | | |
| Nai | me of Associated Broker or Dealer | | |
| Sta | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| | (Check "All States" or check individual States) | | l States |
| | AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI | HI MS OR WY | MO PA PR |
| Ful | l Name (Last name first, if individual) | | |
| Bus | siness or Residence Address (Number and Street, City, State, Zip Code) | | |
| Nai | me of Associated Broker or Dealer | | |
| Sta | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| | (Check "All States" or check individual States) | | l States |
| | AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI | HI MS OR WY | MO PA PR |
| Ful | l Name (Last name first, if individual) | 7-1 | |
| Bus | siness or Residence Address (Number and Street, City, State, Zip Code) | | |
| Nai | me of Associated Broker or Dealer | | |
| Sta | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| | (Check "All States" or check individual States) | ☐ All | 1 States |
| | AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WY WI | HI MS OR WY | MO PA 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

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the 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 | ¢ 0.00 | s 0.00 |
| | Equity | | Ÿ |
| | Common Preferred | Ψ | Ψ |
| | Convertible Securities (including warrants) | c 0.00 | 0.00 \$ |
| | Partnership Interests | | \$ 0.00 |
| | Other (Specify) | | |
| | Total | | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | D | \$_00/001/110100 |
| 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." | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | | \$ 63,581,445.00 |
| | Non-accredited Investors | | \$ 0.00 |
| | Total (for filings under Rule 504 only) | 32 | \$ 63,581,445.00 |
| | 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 | Z | \$ 600,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | _ | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | _ | \$_600,000.00 |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND 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." | S | 62,981,445.00 \$ |
| Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, 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. | i | |
| | Payments to Officers, Directors, & Affiliates | Payments to Others |
| Salaries and fees | \$ 0.00 | \$ 0.00 |
| Purchase of real estate | \$ 0.00 | <u></u> \$_0 |
| Purchase, rental or leasing and installation of machinery and equipment | \$0.00 | \$0.00 |
| | \$ 0.00 | \$ 0.00 |
| 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) | \$ 0.00 | 5 2,000,000.00 |
| Repayment of indebtedness | | \$ 0.00 |
| | \$ 0.00 | 7,866,445.00 |
| Other (specify): Investments in related businesses | \$ 0.00 | \$ 3,000,000.00 |
| | \$ | \$_0.00 |
| Column Totals | 2 \$ 115,000.00 | 2 \$ 62,866,445.0 |
| Total Payments Listed (column totals added) | [Z] \$ ⁶² | 2,981,445.00 |

5.

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 parsuant to paragraph (b)(2) of Rule 502.

| | 1 1 1 1 1 |
|--------------------------------|---------------------------------|
| Issuer (Print or Type) | Signature Date |
| ALTRA Inc. | Familian. |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |
| awrence S. Gross | Chief Executive Officer |

ATTENTION

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