312125

SEC 1972 Potential persons who are to respond to (6-02) in this form are not required to respond valid OMB control number.



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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.

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					
hours per response 16.00					
SEC USE ONLY					
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Name of Offering ([] check if eMinor Incorporated Serie			anged, and indica	ate change.)	Atticular and a Market Market and a Market a
Filing Under (Check box(es) apply):	that []Rule 504	[] Rule 505	[X] Rule 506	[] Section 4(6)	[]ULOE
Type of Filing: [X] New Filing	g [] Amendment				
	A. BASIC I	DENTIFICATION	I DATA	PR	OCESSE
1. Enter the information requ	ested about the issuer			A	UG 1 3 ZUU I
Name of Issuer ([] check if eMinor Incorporated	this is an amendment ar	nd name has cha	anged, and indica	te change.)	inancial Inancial
Address of Executive Offices Area Code) 501 Washington Street, Sui	•	•	ip Code)	Telephone Numb (919) 321-226	_
Address of Principal Busines (Including Area Code) (if different from Executive O 501 Washington Street, Sui	ffices)	·	State, Zip Code)	Telephone Nun	nber
Brief Description of Business Internet technology develo		(**************************************		
Type of Business Organization [X] corporation [] business trust	[] limited part	nership, already nership, to be fo		[] other (please	specify):



Month Year

Actual or Estimated Date of Incorporation or Organization:

[02] [06]

[X] 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) [NC]

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 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 in the notice constitutes a part of this notice and must be completed.

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(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Doernberg, Michael	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o eMinor Incorporated, 501 Washington Street, Suite D, Durham, North Carolina 27701	Andrew (Color Color Colo
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Carlson, Edward J.	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o eMinor Incorporated, 501 Washington Street, Suite D, Durham, North Carolina 27701	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Hubbard, Robert	nauathlauathnauthnaus man tha an
Business or Residence Address (Number and Street, City, State, Zip Code) c/o eMinor Incorporated, 501 Washington Street, Suite D, Durham, North Carolina 27701	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Jernigan, Stephen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Business or Residence Address (Number and Street, City, State, Zip Code) c/o eMinor Incorporated, 501 Washington Street, Suite D, Durham, North Carolina 27701	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [General and/or Managing Partner
Full Name (Last name first, if individual) Southern Capitol Technology Fund II, L.P.	karinona muukamuu kannun muun muun muun muun kannun kannun kannun kannun kannun kannun kannun kannun kannun ka
Business or Residence Address (Number and Street, City, State, Zip Code)	

9 Glenwood Avenue, Raleigh, North Carolina 27603

Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Novak Biddle Venture Partners III, L.P.	·
Business or Residence Address (Number and Street, City, State, Zip Code) 7501 Wisconsin Avenue, East Tower, Suite 1380, Bethesda, Maryland 20814	100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Biddle, A.G.W. III	**************************************
Business or Residence Address (Number and Street, City, State, Zip Code) c/o eMinor Incorporated, 501 Washington Street, Suite D, Durham, North Carolina 27701	
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Caplain, Jason	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o eMinor Incorporated, 501 Washington Street, Suite D, Durham, North Carolina 27701	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer [] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Egbert, Scott	
Business or Residence Address (Number and Street, City, State, Zip Code) 811 9 th Avenue, #3D, New York, New York 10019	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer [] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual) Plaia, Lou	
Business or Residence Address (Number and Street, City, State, Zip Code) 13 Huron Avenue, Massapequa, New York 11758	**************************************

B. INFORMATION ABOUT OFFERING

1. Has	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes No [] [X			
								filing unde				
2. What is the minimum investment that will be accepted from any individual?						\$ <u>N/A</u>						
2 13000 the offering normit joint ownership of a single limit?						Yes No [X]						
any co the off SEC a	mmission ering. If a nd/or wit	n or simil person h a state	ar remun to be liste or states	eration for ed is an a , list the r	or solicitat ssociated name of the	ion of pur I person o he broker	rchasers i or agent o or dealer	n connect of a broker t. If more t	ion with s or dealer han five (ales of se registere 5) persor	or indirectly ecurities in ed with the ns to be list r or dealer	ted
Full Na	ame (Las	t name fi	rst, if indi	vidual)						·		
Busine	ess or Re	sidence .	Address	(Number	and Stree	et, City, S	tate, Zip (Code)				
Name	of Assoc	iated Bro	ker or De	ealer	***************************************	***************************************	***************************************	**************************************	***************************************	**************************************	**************************************	**************************************
States	in Which	Person	Listed Ha	as Solicite	ed or Inte	nds to So	licit Purcl	nasers				
(Chec	k "All S	tates" o	r check	individu	al States)				[] All Sta	ates
[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]
Full Na	ame (Las	t name fi	rst, if indi	ividual)								
Busine	ess or Re	sidence .	Address	(Number	and Stree	et, City, S	tate, Zip	Code)				·····
Name	of Assoc	iated Bro	ker or De	ealer		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NA						
States	in Which	Person	Listed Ha	as Solicit	ed or Inte	nds to Sc	licit Purcl	nasers				······································
(Check	"All Stat	es" or che	ck individ	lual States	s)					[] All State	s
[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]	[XT]	[UT]		[VA]	[WA]	[WV]	[WI]	[WY]	[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 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	\$ <u>1,949,996.22</u>	\$1,949,996.22
[] Common [X] Preferred	\$ <u>1,343,330.22</u>	\$ <u>1,343,330.22</u>
Convertible Securities (including warrants)	\$	¢
Partnership Interests	\$	ъ
·	φ	Φ
Other (Specify).	\$ 4 DAD DDG 22	Φ
Total	\$ 1 <u>,949,996.22</u>	\$ <u>1,949,996.22</u>
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 <u>Rule 504</u> , 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	7	\$1,949,996.22
Non-accredited Investors	0	\$ 0.00
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, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Dollar Amount
Type of offering	Type of Security	Sold
Rule 505		\$
Regulation A		\$
Rule 504		- \$
Total		- \$
I O(a)		-Ψ
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	1.1	\$
Printing and Engraving CostsLegal Fees	[] [X]	\$ <u>35,000.00</u>
Accounting Fees	ii	\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)	()	
Other Expenses (identify) State Filing Fees		\$ 450.00
Total		\$ 35,450.00

b Enter the difference between the aggregate offerin 1 and total expenses furnished in response to Part C "adjusted gross proceeds to the issuer"	- Question 4 a. This difference is the roceeds to the issuer used or propose tount for any purpose is not known, the estimate. The total of the payments	d	\$ <u>1,914,546,22</u>				
		Payments	s to				
		Officers, Directors,	& Payments To				
		Affiliates	Others				
Salaries and fees		\$	\$				
Purchase of real estate Purchase, rental or leasing and installation of m		\$	<u> </u>				
and equipment	acrimery	\$	\$				
Construction or leasing of plant buildings and fa		\$	\$				
Acquisition of other businesses (including the vasceurities involved in this offering that may be unexchange for the assets or securities of another	used in r issuer	\$	\$\$				
pursuant to a merger) Repayment of indebtedness		œ	œ				
Working capital		φ \$	\$1,914,546.22				
Other (specify):		\$	\$				
		\$	·				
		Ψ					
Column Totals Total Payments Listed (column totals added)		\$	\$ 914,546.22				
Total Payments Listed (column totals added)	77.117.1118.111.100.1118.11.18	\$ <u>1.</u> 1	914,546,22				
D. FEDERAL SIGNATURE							
The issuer has duly caused this notice to be signed bunder <u>Rule 505</u> , the following signature constitutes a Exchange Commission, upon written request of its st investor pursuant to paragraph (b)(2) of <u>Rule 502</u> .	n undertaking by the issuer to furnish	to the U.S. S	Securities and				
Issuer (Print or Type)	Signature	Date C/I	100				
eMinor Incorporated	4MMM	8/10	106				
	Title of Signer (Print or Type)	<u> </u>	and the state of t				
Edward J. Carlson	Treasurer						

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