FORM D

LEST AVAILABLE COPY

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

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OMB APPRO	OVAL	
OMB Number:	3235-0076	
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NOTICE OF SALE OF SECURITIES OPY PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 1



06080051

UNIFORM LIMITED	OFFERING EXEM	PTION
Name of Offering (Check if this is an amendment and name has chan Series A Preferred Stock Offering	ged, and indicate change.)	Co. St.
	Rule 506 Section 4(6)	H.D.
A. BASIC IDE	TIFICATION DATA	10 2 m
1. Enter the information requested about the issuer		0 1
Name of Issuer (check if this is an amendment and name has changed	and indicate change.)	SECTION
TherMark Holdings, Inc.	11	
Address of Executive Offices (Number and	Street, City, State, Zip Code)	Telephone Number (Including Area Code)
5015 Eagle Rock Boulevard, #310, Los Angeles, CA 90041		(323) 344-9500
	Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Laser marking products and services		PROCESSED
Type of Business Organization corporation limited partnership, already		please specify): MAY 2 5 2003
Month		
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an 77d(6). When To File: A notice must be filed no later than 15 days after the first s and Exchange Commission (SEC) on the earlier of the date it is received by	ale of securities in the offering	. A notice is deemed filed with the U.S. Securities
which it is due, on the date it was mailed by United States registered or ce	rtified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Stree	l.	
Copies Required: Five (5) copies of this notice must be filed with the SEC photocopies of the menually signed copy or bear typed or printed signature	s.	
Information Required: A new filing must contain all information requested thereto, the information requested in Part C, and any material changes from not be filed with the SEC.	Amendments need only repo Information previously supp	ort the name of the issuer and offering, any change: lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Uniform Limited Off ULOE and that have adopted this form. Issuers relying on ULOE must are to be, or have been made. If a state requires the payment of a fee as accompany this form. This notice shall be filed in the appropriate states this notice and must be completed.	file a separate notice with the la precondition to the claim for in accordance with state law.	Securities Administrator in each state where sale ir the exemption, a fee in the proper amount shal
	TENTION	
Failure to file notice in the appropriate states will not result appropriate federal notice will not result in a loss of an availiling of a federal notice.	tin a loss of the federal e lable state exemption unle	xemption. Conversely, failure to file the ess such exemption is predictated on the
SEC 1972 (6-02) Persons who respond to the collection required to respond unless the form di	of information contained splays a currently valid OM	in this form are not 18 control number. 1 of 9

2. Enter	<u>d da Granda da Santa da Santa</u>			A. BASIC IDE	NTIFIC	ATION;DATA			1900 (1) 1900 (1)	A PROPERTY OF
	the information re	equested for the fo	llowin	g:						
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	,				1					ss of equity securities of th
	•			orate issuers and of	ofporate	general and mar	naging	partners of	partn	ership issuers; and
-	Each general and t	managing partner of	of parti	ership issuers.	<u> </u>					
Check Box	x(es) that Apply:	Promoter	\square	Beneficial Owner	Ex	cutive Officer	Ø	Director		General and/or Managing Partner
	(Last name first,	if individual)				· · · · · · · · · · · · · · · · · · ·				
		ess (Number and Pard, #310, Los		, City, State, Zip Co es, CA 90041	ie)	 -			<u> </u>	
Check Box	x(es) that Apply:	Promoter	Ø	Beneficial Owner	Ex-	ecutive Officer		Director		General and/or Managing Partner
Full Name	Last name first, i	f individual)								
	Claudette R.	,								
Business o	Residence Addre	ss (Number and	Street	City, State, Zip Co	Je)					
5336 Vinc	ent Avenue, Lo	s Angeles, CA 9	0041							
Check Box	x(es) that Apply:	Promoter		Beneficial Owner	Ex	cutive Officer	Ø	Director		General and/or Managing Partner
	(Last name first, i	f individual)			i					
Ridenou	rl Matthew				}					
Business o	r Residence Addre	ss (Number and	Street	City, State, Zip Co	ie)	······································		· · · · · · · · · · · · · · · · · · ·	··········	
3192 Ave	ရုida Del Rey, A	gua Dulce, CA 9	91390							····
Check Box	x(es) that Apply;	Promoter	Ø	Beneficial Owner	Ext	ecutive Officer		Director		General and/or Managing Partner
Full Name	(Last name first, i	f individual)								
Scott, Jar	mes H.									
	<u> </u>				<u> </u>			·		
	i	ss (Number and d, Lancaster, P.		City, State, Zip Co						· · · · · · · · · · · · · · · · · · ·
1500 Mc	i	•	A 176			cutive Officer		Director		General and/or Managing Partner
1500 Mc Check Box Full Name	Governville Roa	d, Lancaster, P. Promoter f individual)	A 176	04		cutive Officer	0	Director		
1500 Mc Check Box Full Name Momentu Business o	Governville Roa (cs) that Apply: (Last name first, i um Venture Mar or Residence Addre	d, Lancaster, P. Promoter f individual) hagement, LLC	A 176	04	Exe	cutive Officer		Director		
1500 Mc Check Box Full Name Momentu Business o 803 Sout	Governville Roa (cs) that Apply: (Last name first, i um Venture Mar or Residence Addre	d, Lancaster, P. Promoter findividual) tagement, LLC ss (Number and	A 176	04 Beneficial Owner {	Exe	cutive Officer		Director		
1500 Mc Check Box Full Name Momente Business o 803 Sout Check Box	Governville Roa (cs) that Apply: (Last name first, i um Venture Man or Residence Addre th Oakland, Pase	Promoter findividual) agement, LLC ss (Number and adena, CA 9110 Promoter	A 176	City, State, Zip Co	Exe					Managing Partner General and/or
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1500 Mc Check Box Full Name Momente Business o 803 Sout Check Box Full Name Business o Check Box	Governville Roa (Last name first, i or Residence Addre th Oakland, Pass x(es) that Apply: (Last name first, i or Residence Addre	Promoter findividual) ragement, LLC ss (Number and adena, CA 9110 Promoter findividual) ss (Number and adena)	Street,	City, State, Zip Col	ii Exc	cutive Officer		Director		Managing Partner General and/or Managing Partner General and/or
1500 Mc Check Box Full Name Momente Business o 803 Sout Check Box Full Name Business o Check Box	(Last name first, i win Residence Addrest hand first, i win Residence Addrest hand hand hand hand hand hand hand hand	d, Lancaster, P. Promoter f individual) tagement, LLC ss (Number and adena, CA 9110 Promoter f individual) ss (Number and Promoter f individual)	Street, Street,	City, State, Zip Col	ii Exc	cutive Officer		Director		Managing Partner General and/or Managing Partner General and/or

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1 11		 	L . ! !						'D		Yes	No
i. Has	the issuer sol	a, or aces t							-			X
2. Wha	 t is the minin	num invest			n Appendix,						_{\$} 10,	00.00
2. Wild		ilum ilivesti	nent that w	m be acce	spied from a	ny matric	1441f .,		****************		Yes	No
3. Does	the offering	permit join	it ownershi	pofasing	gle unit?							2
	the informa											
	mission or sin erson to be li											
or sta	ites, list the n	ame of the t	roker or de	ealer, if m	ore than five	(\$) person	ns to be list	ed are asso				
	ker or dealer				ion for that	roker or	degler only	···				
run 14ani	ė (Last name	msi, n mu	ividual)									
Business	or Residence	Address (N	lumber and	d Street, C	ity, State, Z	p Code)	· · · · · · · · · · · · · · · · · · ·					
Name of	Associated B	roker or De	aler			 						·····
	1	··								v		
	Which Person					1						
(Che	ck "All State	s" or check	individual	States)					***************************************		☐ AI	l States
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[1(1)	[30]	SD	<u>[TN]</u>	TX	UT	VT	VA	WA	WV	WI	WI	[PK]
Full Nam	e (Last name	first, if ind	ividual)									
Business	or Residence	Address (Number an	d Street, C	City, State, Z	ip Code)		··· · •···				
Name of	Associated B	roker or De	aler									
States in	Which Person	Listed Ha	s Solicited	or Intends	to Solicit P	urchasers		<u> </u>				
(Che	 ck "All State 	s" or check	individual	States)	***************************************			•••••	·····		☐ Al	l States
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	<u> </u>		[<u>MT]</u>	177		1411			<u>(vv. v.)</u>		<u> </u>	<u> </u>
Fult Nam	é (Last name I	first, if ind	ividual)			į						
Business	or Residence	Address (1	Number an	d Street, C	City, State, Z	ip Code)						
				.=				·				
Name of a	Associated B	roker or De	aler			i İ						
States in '	Which Persor	Listed Ha	s Solicited	or Intends	to Solicit P	urchasers		····	· · · · ·			
(Che	ck "All State	s" or check	individual	States)),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ All	l States
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[MT]		[<u>N</u> V]	H	NJ	NM NM	NY	NC)	(ND)	OH	OK)	OR)	PA
RI	(SC)	<u>[Q2]</u>	[אז]	TX	UT	VT	VA	(WA)	₩V	WÜ	WY	PR
			(Use blan	k sheet, or	copy and use	additiona	copies of	this sheet, a	is necessary	·.)		

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 the answer is "none" or "zero." If the transaction is an exchange offering, check this box [7] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold 0.00 s 0.00 Debt 1,742,500.00 Common Preferred 0 0.00 Partnership Interests _______ \$ 0.00 _______s 0.00 0.00 Other (Specify _ 1,742,500.00 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." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors _______ 58 **s** 1,742,500.00 § 0.00 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 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 Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Rule 504 \$ 0.00 Total 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. 0.00 Transfer Agent's Fees \$ 0.00 Printing and Engraving Costs 60,000.00 Legal Fees 20,000.00 Accounting Fees \$ 0.00 Engineering Fees 0.00 Sales Commissions (specify finders' fees separately) \$ 0.00 Other Expenses (identify) ___ 80,000.00 Total

	Enter the difference between the aggregate offetotal expenses furnished in response to Part C—eeds to the issuer."	- Question 4.a.	This difference is the "adjusted gros-	ì		s1,920,000.00
each chec	of the purposes shown. If the amount for a kine purposes shown. If the amount for a kine box to the left of the estimate. The total cets to the issuer set forth in response to Pa	iny purpose is of the payment:	not known, furnish an estimate and listed must equal the adjusted gross	ı		
	·				Payments to Officers, Directors, & Affiliates	Payments to Others
Sala	ries and fees	••••••	<u> </u>		114,871.0C	☑ S_89,500.00
Purc	hase of real estate				S	s
and	hase, rental or leasing and installation of ma					
Con	struction or leasing of plant buildings and fa	cilities			S	_ s
Acq offe issu	uisition of other businesses (including the valing that may be used in exchange for the asset pursuant to a merger)	alue of securiti sets or securiti	es involved in this es of another	_ _:	s	
	yment of indebtedness					
Wor	king capital		 		175,000.00	
Othe	r (specify):				5	<u></u> \$
					S	
Coli	mn Totals			.	359,558.00	□ s 1,560,442.00
The issue	Payments Listed (column totals added) rhas duly caused this notice to be signed by the constitutes an undertaking by the issuer to function furnished by the issuer to any non-ac-	D. FEDE e undersigned traish to the U.	RAL SIGNATURE duly authorized person. If this notice S. Securities and Exchange Commi	e is ssio	filed under Rul n, upon writter	e 505, the following
		· 		Dat		
L / D	fini or type)	Signature		Dat	-	
Issuer (Pa	k Holdings Inc	SA	(111)	Αn	ril 28 2006 —	
TherMai	k Holdings, Inc.	Title CS	Puller of Times	Аp	ril 28, 2006	
TherMar Name of	k Holdings, Inc. Signer (Print or Type) Ridenour		for (Print or Type) and Chief Executive Officer	Ар	ril 28, 2006	
TherMar Name of	Signer (Print or Type)	President a	ENTION			

18. 3. 7. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	er i de grande fan	E. STA	TE SIGNATURE			
	Is any party described in 17 CFR 230.262 provisions of such rule?				Yes	No X
		See Appendix, Co	olumn 5, for state response.			
	The undersigned issuer hereby undertakes D (17 CFR 239.500) at such times as requ			e in which this notice i	s filed a no	tice on Form
	The undersigned issuer hereby undertakes issuer to offerces.	s to furnish to the	state administrators, upon	written request, inform	nation furn	ished by the
	The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of estab	e state in which t	his notice is filed and unders	tands that the issuer c		
	has read this notification and knows the co orized person.	ontents to be true :	nd has duly caused this notic	e to be signed on its be	half by the	undersigned
Issuer (P	rint or Type)	Signatuc		Date		
	k Holdings, Inc.	744		April 28, 2006	;	
	int or Type)	Title (Print)	DY Type	I		
	Ridenour	1 '	nd Chief Executive Officer			
			<u> </u>			
	1					
			1			
Instructio						
Print the	name and title of the signing representative manually signed. Any copies not man	e under his signa	ture for the state portion of t	this form. One copy of	fevery no	tice on Form
D must b signature		uany signed mus	t be photocopies of the ma	iluany signed copy of	ocar type	a or princed

	Fig. stiet.	Agenda Sa Majaran La	A STATE OF A STATE OF THE STATE		PENDIX				
]	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price te offered in state	Type of security and aggregate offering price Type of investor and amount purchased in State				5 Disquali under Sta (if yes, explana waiver (Part E-	ification ite ULOE attach ition of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		<u></u>			<u> </u>				
AK					·				,
AZ				j					
AR	1		Series A						
CA	<u> </u> 	×	Pref. Stock	56	\$1,680,000.	0	\$0.00		×
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ID		N. Jr., 1865 making grade angles of the	Series A		<u> </u>				
IL		×	Pref. Stock	1	\$12,500.00	0	\$0.00		X
IN								[i	
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				ÄPP	ENDIX 🖔 🖔		12 1 2 2 E	or all high was	
1	Intend to non-ac investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)		under Sta (if yes, explana	attach ition of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
МТ			<u> </u>						
NE		×	Series A Pref. Stock	1	\$50,000.00	0	\$0.00		×
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	(Part B-Item	l) (Part C-It	tem 1)			rchased in State C-Item 2)		1	granted) -Item I)
State	Yes No	,		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									