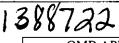


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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.



nuin kecei∧eD Nimasina

| Name of Offering (check if this is an amendm | | changed, and indicate | e change.) | | | |
|---|--|---|------------------------------------|--|---------------------------|--------------|
| Series A and A1 Preferred Stock and Common Filing Under (Check box(es) that apply): | n Stock Rule 504 | Rule 505 | ⊠ Rule | ≥ 506 ☐ Section | 14(6) 🗍 ULO | , YE |
| Type of Filing: New Filing Amendmen | _ | □ Raic 303 | ⊠ Kuit | . 500 Section | -(0)OEO | ,L |
| Type of Timig. 23 New Timig. | • | | | | | |
| | | IDENTIFICATION | DATA | | | |
| 1. Enter the information requested about the | | | | | | |
| Name of Issuer (check if this is an amendmen | it and name has cha | anged, and indicate cl | hange.) | | | |
| NORTHPOINT FINANCIAL GROUP, INC. Address of Executive Offices | Numb | er Street, City, State, | Zin Code) | Talanhana Num | iber (including Area C | Zodo) |
| 6200 Stoneridge Mall Road | - | nton, CA 94588 | Zip Code) | 1-866-784-7646 | ibei (illetiding Area C | Jodej |
| Address of Principal Business Operations | | er Street, City, State, | Zip Code) | | ber (including Area C | Code) |
| (if different from Executive Offices) | ` | | • | • | ` 0 | , |
| | | | | | | |
| Brief Description of Business | | | | | | |
| Real Estate Investment Services | | | | | PROCESS | ĿIJ |
| Type of Business Organization ☐ corporation ☐ limite | ad mortmorahin, olas | odi. formed | | :6.). | , , , , | |
| · - | ed partnership, alre | • | otner (pre | ease specify): | FEB 0 2 200 | 7 |
| dusiness trust limite | ed partnership, to b Mon | | | | 1 LD 0 2 200 | ' |
| Actual or Estimated Date of Incorporation or Or | | 5 0 1 |] ⊠ Ac | tual 🔲 Estin | nated THOMSON | |
| Jurisdiction of Incorporation or Organization: (E | | | | | FINANCIAL | |
| | CN for Canada; | FN for other foreign j | jurisdiction | CA | _ | |
| GENERAL INSTRUCTIONS | | | | | | |
| Federal: | | | | | | |
| Who Must File: All issuers making an offering of secur | ities in reliance on ar | ı exemption under <u>Regu</u> | ılation D or Se | ction 4(6), 17 CFR 230.5 |)1 et seq. or 15 U.S.C. 7 | 7d(6). |
| When to File: A notice must be filed no later than 15 c Commission (SEC) on the earlier of the date it is received. | | | | | | |
| it was mailed by United States registered or certified m | | | , | | | |
| Where to File: U.S. Securities and Exchange Commissi | ion, 450 Fifth Street, | N.W., Washington, D.C | C. 20549. | | | |
| Copies Required: Five (5) copies of this notice must be of manually signed copy or bear typed or printed signat | | one of which must be r | manually signe | ed. Any copies not manua | lly signed must be photo | коріes |
| Information Required: A new filing must contain all in information requested in Part C, and any material chang with the SEC. | | | | | | to, the |
| Filing Fee: There is no federal filing fee. | | | | | | |
| State: This notice shall be used to indicate reliance on the Unihave adopted this form. Issuers relying on ULOE must state requires the payment of a fee as a precondition to appropriate states in accordance with state law. The Ap | file a separate notice the claim for the exer | with the Securities Adm inption, a fee in the prop | ninistrator in e per amount sha | ach state where sales are t Il accompany this form. T | o be, or have been made | . If a |

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.

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 state exemption unless such exemption is predicated on the filing of a

1 of 9

SEC 1972(5-05)

federal notice.

| | | | | A. BASIC IDENTII | FICATION DATA | | | • | |
|---|--------------|----------------|-------------|--------------------------|-------------------------------|-------------|-----------------|----------|-----------------------------------|
| 2. Enter the information rec | quested for | r the follov | wing: | | | | | | |
| Fach promoter of | the iccner | if the iccue | r hac h | een organized within the | nast five veats | | | | |
| • | | | | | e vote or disposition of, 10% | or more o | of a class of e | auity se | curities of the issuer |
| | | | | - | te general and managing partr | | | | |
| Each general and | managing p | partner of p | artners | ship issuers. | | | | | |
| Check Box(es) that Apply: | ☐ Pro | omoter | ⊠ | Beneficial Owner | Executive Officer | ⊠ | Director | | General and/or Managing Partne |
| Full Name (Last name first Wortey, Daniel | , if individ | lual) | | | | | | | |
| Business or Residence Ado | lress (Nu | mber and | Street, | City, State, Zip Code) | | | | | |
| 6200 Stoneridge Mall Ro | | | | | | | | | |
| Check Box(es) that Apply: | ☐ Pr | omoter | \boxtimes | Beneficial Owner | | ☒ | Director | | General and/or Managing Partne |
| Full Name (Last name first | , if individ | lual) | | | | | | | |
| Richards, Frank | | | | | | | | | |
| Business or Residence Add | lress (Nu | mber and | Street, | City, State, Zip Code) | | | | | |
| 6200 Stoneridge Mall Ros | id, Pleasa | nton, CA | 94588 | | | | | | |
| Check Box(es) that Apply: | ☐ Pr | omoter | \boxtimes | Beneficial Owner | Executive Officer | \boxtimes | Director | | General and/or Managing Partne |
| Full Name (Last name first | , if individ | lual) | | | | | | | |
| Steuart, John | | | | | | | | | |
| Business or Residence Add | lress (Nu | mber and | Street, | City, State, Zip Code) | | | | | |
| 6200 Stoneridge Mall Ro | ıd, Pleasa | nton, CA | 94588 | <u> </u> | | | | | |
| Check Box(es) that Apply: | ☐ Pr | omoter | \boxtimes | Beneficial Owner | Executive Officer | | Director | | General and/or Managing Partne |
| Full Name (Last name first | , if individ | lual) | | | | | | | |
| Frye, Linda | | | | | | | | | |
| Business or Residence Add | lress (Nu | mber and | Street, | City, State, Zip Code) | | | | | |
| 1249 Bernal Avenue, Bur | lingame, (| CA 94010 | | | | | | | |
| Check Box(es) that Apply: | ☐ Pr | omoter | ⊠ | Beneficial Owner | ☐ Executive Officer | | Director | | General and/or Managing Partne |
| Full Name (Last name first | , if individ | lual) | | | | | | | |
| Dias, Saman | | | | | | | | | |
| Business or Residence Add 19 Ashford Place, Martin | • | | Street, | City, State, Zip Code) | | | | | |
| Check Box(es) that Apply: | ☐ Pr | omoter | ☒ | Beneficial Owner | ☐ Executive Officer | | Director | | General and/or Managing Partne |
| Full Name (Last name first | , if individ | lual) | | | | | | | |
| The Bredehoft Family 19 | 93 Trust o | dated Dec | ember | 19, 1993 | | | | | |
| Business or Residence Add | | | Street, | City, State, Zip Code) | | | | | |
| 2048 Casa Nuestra, Diabl | o, CA 945 | 528 | | | | | | | |
| Check Box(es) that Apply: | ☐ Pr | omoter | ☒ | Beneficial Owner | ☐ Executive Officer | | Director | | General and/or Managing Partne |
| Full Name (Last name first | , if individ | lual) | | | | | | | |
| Kevin L. Anderson and S | hannon L | Anderso | n, TT | EES Alamo Financial | Insurance Services, Inc. P | rofit Sha | aring Plan D | ated 1 | 0/6/06 |
| Business or Residence Add | ress (Nu | mber and | Street, | City, State, Zip Code) | | | | | |
| 140 South Avenue, Alamo | CA 045 | n 7 | | | | | | | |

| | | | | B. I | NFORMAT | TION ABOU | JT OFFER | ING | | | 3.7 | |
|---|--|--|--|--|----------------------------|-------------------------|----------------------|----------------------|----------------------|-------------------|----------------------|--------------------------------|
| | | | Answer a | also in Appe | ndix, Colum | n 2, if filing | under ULO | Е | | | Yes | No ⊠ |
| 2. Wł | at is the mini | mum invest | ment that wi | ill be accepte | ed from any | individual? | ••••• | | | ***************** | \$ <u>No</u> Yes | ne No |
| 3. Do | es the offerin | g permit joir | nt ownership | of a single | unit? | | | | | | | Ö |
| 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. | | | | | | | | | | | | |
| Full Nai | ne (Last nam | e first, if inc | lividual) | | | | | | | | | |
| N/A | | | | | | | | | | | | |
| Busines | s or Residenc | e Address (1 | Number and | Street, City | , State, Zip (| Code) | | | | | | |
| Name o | f Associated l | Broker or De | ealer | | | | | | | | | |
| States ir | Which Perso | ons Listed H | as Solicited | or Intends to | o Solicit Pur | chasers | | | | | | |
| (Cì | ieck "All Stat | es" or check | cindividual : | States) | ************** | | | | | | All | States |
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| !L | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MT | NE | NV | NH | NJ | NM | NY | NC | ND | ОН | OK | OR | PA |
| RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Full Nar | me (Last nam | e first, if ind | lividual) | | | | | | · | | | |
| Busines | me (Last nam s or Residenc | e Address (1 | Number and | Street, City | , State, Zip (| Code) | | | | | | |
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| Busines. Name of | s or Residenc Associated I Which Perso | e Address (1 Broker or Do | Number and ealer | or Intends to | o Solicit Purc | chasers | DE MD | DC MA | FL MI | GA MN | All HI MS | ID |
| Busines. Name of States in (Cl | s or Residence f Associated I Which Personeck "All State AK | Broker or Do ons Listed H tes" or check | Number and ealer las Solicited k individual s | or Intends to States) | o Solicit Puro | chasers | DE | DC | FL | | Н | ID |
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| Busines Name of States in (Ch AL IL MT RI | s or Residence f Associated I Which Personeck "All State AK IN NE | Broker or De ons Listed H tes" or check AZ IA NV SD | Number and ealer las Solicited k individual : AR KS NH TN | or Intends to States) CA KY NJ | cO LA NM | chasers CT ME NY | DE MD NC | DC MA ND | FL MI OH | MN OK | HI MS OR | ID MC PA |
| Busines. Name of States in (Cl AL IL MT RI | s or Residence f Associated I Which Person neck "All Stat AK IN NE SC | Broker or Do ons Listed H tes" or check AZ IA NV SD e first, if ind | Number and ealer las Solicited k individual 3 AR KS NH TN | or Intends to States) CA KY NJ TX | CO LA NM UT | chasers CT ME NY VT | DE MD NC | DC MA ND | FL MI OH | MN OK | HI MS OR | ID MO PA |
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| Busines. Name of States in (Classia) AL IL MT RI Full Nar Busines: Name of States in | s or Residence f Associated I Which Personeck "All State AK IN NE SC me (Last names | Broker or Do Ons Listed H tes" or check AZ IA NV SD e first, if ind e Address (fill Broker or Do Ons Listed H | Number and ealer las Solicited k individual 3 AR KS NH TN lividual) Number and ealer as Solicited | or Intends to States) CA KY NJ TX Street, City | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | MN OK WI | HI MS OR | ID MO PA PR |
| Busines. Name of States in (Classia) AL IL MT RI Full Nar Busines: Name of States in | s or Residence f Associated I Which Personeck "All State AK IN NE SC me (Last name) s or Residence f Associated I Which Person | Broker or Do Ons Listed H tes" or check AZ IA NV SD e first, if ind e Address (fill Broker or Do Ons Listed H | Number and ealer las Solicited k individual (AR KS NH TN lividual) Number and ealer as Solicited k individual (| or Intends to States) CA KY NJ TX Street, City or Intends to States) | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | MN OK Wi | HI MS OR WY | ID MO PA PR |
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| Busines. Name of States in (Classian MT) RI Full Name of States in (Classian MT) AL | s or Residence f Associated I Which Personeck "All State AK IN NE SC me (Last name) s or Residence f Associated I Which Personeck "All State AK | Broker or Do Dons Listed H Les" or check AZ IA NV SD e first, if ind e Address (I) Broker or Do Dons Listed H Les" or check AZ | Number and ealer las Solicited k individual s AR KS NH TN lividual) Number and ealer as Solicited k individual s | or Intends to States) CA KY NJ TX Street, City or Intends to States) | CO LA NM UT Solicit Puro | CT ME NY VT Code) | DE MD NC VA | DC MA ND WA | FL MI OH WV | MN OK Wi | HI MS OR WY | ID MO PA PR |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O | F PI | ROCEEDS | | | |
|----|---|------|----------------------------|-------------|------------|---------------------------|
| 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 Pric | | An | ount Already Sold |
| | Debt | \$ | | 0 | \$ | C |
| | Equity | _ | 1,912,599.9 | 9 | \$ | 1,912,599.99 |
| | ☐ Common ☐ Preferred | _ | | _ | _ | |
| | Convertible Securities (including warrants) | \$_ | | 0 | _ | C |
| | Partnership Interests | | | 0 | \$_ | C |
| | Other (Specify) | \$_ | | 0 | | |
| | Total | \$ _ | 1,912,599.9 | 9 | \$_ | 1,912,599.99 |
| | 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 ollar Amount |
| | | | | | | f Purchases |
| | Accredited Investors | _ | 13 | _ | \$_ | 1,912,599.99 |
| | 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, 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 | | Do | ollar Amount Sold |
| | Rule 505 | | None | | s | None |
| | Regulation A | - | None | | s – | None |
| | Rule 504 | - | None | | \$ | None |
| | Total | _ | None | | \$ | None |
| 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 Fee | | | | \$_ | C |
| | Printing and Engraving Costs | | | | s _ | 0 |
| | Legal Fees | | | \boxtimes | \$_ | 80,000.00 |
| | Accounting Fees | | | | \$_ | 0 |
| | Engineering Fees | | | | \$_ | 0 |
| | Sales Commissions (specify finders' fees separately) | | | | \$_ | 0 |
| | Other Expenses (identify) | | | | \$_ | 0 |
| | Total | | | | \$_ | 0 |
| | b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | | | s _ | 1,832,599.99 |

| | for any purpose is not known, farmish an est otal of the payments listed must equal the | imate and check | |
|--|--|--|-------------------------------|
| | ering – no proceeds received | Payments to Officers, Directors, & Affiliates | Payment to Others |
| Salaries and fees | | | |
| | | | |
| Purchase, rental or leasing and installation i | | | U 3 |
| | on the thirty | | □ s |
| • | nd facilities | | |
| | | | |
| Acquisition of other businesses (including t | | | |
| offering that may be used in exchange for the | | | |
| * | | | |
| | | | □ s |
| | | | ⊠ \$ 1,832,599.9 |
| Other (Specify) | | | |
| | | | |
| * New York to the Confession of the Confession o | | S O | □ s <u> </u> |
| Column Totals | | | ⊠ 5 <u>1,832,599.9</u> |
| Total Payments Listed (column totals added | I) | 🖾 s _. | 1,832,599.99 |
| Information furnished by the issuer to any non-active (Print or Type) Northpoint Financial Group, Inc. Name of Signer (Print or Type) Daniel Worley | Signature Title of Signer (Print or Type) Secretary | Date January 25. | 2007 |
| Intentional misstatements o | ATTENTION r omissions of fact constitute federal crimi | nal violations. (See 18 U.S.C. 1001. | <u> </u> |
| | THE COLUMN TWO IS NOT THE COLUMN TO THE COLUMN TWO IS NOT THE COLU | _ | |

| | | E. STATE SIGNATURE | | |
|---------|--|--|---|---|
| ! | | presently subject to any of the disqualification | Yes | Ne ⊠ |
| | • | See Appendix, Column 5, for state response. | | |
| 1. | The undersigned issuer hereby undertake: CFR 239,500) at such times as required by | s to furnish to any state administrator of any state in which state iaw | ich this notice is fi | led, a notice on Form D (17 |
| 2 | The undersigned issues hereby undertake offerees. | es to furnish to the state administrators, upon written r | equest, information | a famished by the issuer to |
| | | | | |
| ÷ | The undersigned issuer represents that the Exemption (ULOE) of the state in which burden of establishing that these condition | assuer is familiar with the conditions that must be satisfied this notice is filed and understands that the issuer claims have been satisfied. | ed to be emitted to to ming the availability | he Uniform limited Offering ty of this exemption has the |
| | Exemption (ULOE) of the state in which burden of establishing that these condition | this notice is filed and understands that the issuer claim | ming the availabilit | ty of this exemption has the |
| aı | Exemption (ULOE) of the state in which burden of establishing that these condition he issuer has read this notification and knows | this notice is filed and understands that the issuer claims have been satisfied. | ming the availabilit | ty of this exemption has the |
| ls N | Exemption (ULOE) of the state in which burden of establishing that these condition are issuer has read this notification and knows thorized person. Sucr (Print or Type) orthpoint Financial Group, Inc. | this notice is filed and understands that the issuer claims have been satisfied. the contents to be true and has duly caused this notice to Signature | ming the availabilities be signed on its be | ty of this exemption has the |
| ls N | Exemption (ULOE) of the state in which burden of establishing that these condition to issue has read this notification and knows thorized person. Sucr (Print or Type) | this notice is filed and understands that the issuer claims have been satisfied. the contents to be true and has duly caused this notice to | ming the availabilities be signed on its be | ty of this exemption has the |

Print the name and title of the signing representative under list signature for the state portion of this form. On, copy of every netice on Form D must be minutally signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | APPENDIX | | | | | | | | | |
|-------|---|----|--|---|--------------|--|--------|------|--|--|
| 1 | 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) | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | Series A and A1 Preferred Stock and Common Stock | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | | |
| AK | | | | | | | | | | |
| AZ | | | | | | | | | | |
| AR | | | | | | | | | | |
| CA | | Х | 1,912,599.99 | 13 | 1,912,599.99 | 0 | \$0 | | x | |
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