

## **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

| SEC U  | SE ONLY |
|--------|---------|
| Prefix | Serial  |
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| Name of Offering ( check if this is an amer   | dment and name has changed, and indicate change.)   |  |
|---|---|--|
| Nanoscan Imaging, LLC - Offerin   | g of Units of Limited Liability Compan  | y Interests JUL 1 1 2007                           |
| Filing Under (Check box(es) that apply):  | Rule 504 Rule 505 Rule 506 Section  | n 4(6) ULOE  |
| Type of Filing: New Filing Ame  | endment   | ——————————————————————————————————————             |
|   | A. BASIC IDENTIFICATION DATA  | , Havadalin  |
| 1. Enter the information requested about the issu   |   |  |
|   | nent and name has changed, and indicate change.)  |  |
| Nanoscan Imaging, LLC   |   |  |
| Address of Executive Offices  | (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)             |
| 2250 Berks Road   | Lansdale, PA 19446  | (215) 699-1703                                     |
| Address of Principal Business Operations (if different from Executive Offices)                  | (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)             |
| Brief Description of Business   |   |  |
| •   | f a water insoluble, iodinated nanoparticle   | contrast agent expected to improve                 |
|   | aphy (CT) in diagnosing and managing ca   |  |
| the eninear utility of computed tomogr  | apily (C1) in diagnosing and managing ca  | iruiovasculai discase allu cancei.                 |
| Type of Business Organization   |   |  |
| corporation   | limited partnership, already formed   | other-limited liability company, formed            |
| business trust  | limited partnership, to be formed   |  |
|   | Month Year  |  |
| Actual or Estimated Date of Incorporation or Org  |   |  |
|   | nter two-letter U.S. Postal Sevice abbreviation for State<br>N for Canada; FN for other foreign jurisdiction) | e: PA  |
|   | N for Canada, FN for other foreign jurisdiction)  |  |
| GENERAL INSTRUCTIONS Federal:   |   |  |
|   | f securities in reliance on an exemption under Regulati   | on D or Section 4(6), 17 CFR 230 501 et sea, or    |
| 15 U.S.C. 77d(6).   | r securities in renance on an exemption under regular   | on 15 of Section 4(0), 17 Cr R 250.501 Cr Seq. of  |
| When to File: A notice must be filed no later to  | han 15 days after the first sale of securities in the of  | Tering. A notice is deemed filed with the U.S.     |
| Securities and Exchange Commission (SEC) on t   | he earlier of the date it is received by the SEC at the ac-   | Idress given below or, if received at that address |
| after the date on which it is due, on the date it wa  | s mailed by United States registered or certified mail to   | that address.                                      |
| Where to File: U.S. Securities and Exchange Co  | mmission, 450 Fifth Street, N.W., Washington, D.C. 20   | )549.  |
| Copies Required: Five (5) copies of this notice must be photocopies of the manually signed copy | must be filed with the SEC, one of which must be ma   | nually signed. Any copies not manually signed      |
|   | in all information requested. Amendments need only  | report the name of the issuer and offering any     |
| changes thereto, the information requested in Parthe Appendix need not be filed with the SEC.   | t C. and any material changes from the information pr   | reviously supplied in Parts A and B. Part E and    |
| Filing Fee: There is no federal filing fee.   |   |  |
| State:  |   |  |
|   | the Uniform Limited Offering Exemption (ULOE)   | for sales of securities in those states that have  |
|   | Issuers relying on ULOE must file a separate notice   |  |
|   | ate requires the payment of a fee as a precondition to  |  |
| constitutes a part of this notice and must be comp  | e shall be filed in the appropriate states in accordance leted  | to the notice                                      |

\_ 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

6/28/07

is predicated on the filing of a federal notice.

| 2. Enter the information requeste             | ad for the follow | ina         | A. BASIC IDENTI          | FICA          | TION DATA             |          |               |         |                                    |
|---|-------------------|-------------|--------------------------|---------------|-----------------------|----------|---------------|---------|------------------------------------|
| Each promotor of the issu                     |                   | -           | en organized within t    | he nact       | five veere            |          |               |         |                                    |
| Each beneficial owner have                    |                   |             | =                        | -             | •                     | 0/2 or m | ore of a clas | e of e  | mity cogneities of the             |
| issuer;                                       |                   |             | ·                        |               | -                     |          |               |         |                                    |
| Each executive officer and                    |                   |             | =                        | rate ger      | neral and managing pa | rtners   | of partnershi | p issue | ers; and                           |
| <ul> <li>Each general and managing</li> </ul> | ng partner of par | tners       | hip issuers.             |               |                       |          |               |         |                                    |
| Check Box(es) that Apply:   ☑                 | Promoter          | ×           | Beneficial Owner         | ⊠             | Executive Officer     | ×        | Director      |         | General and/or<br>Managing Partner |
| Full Name (Last name first, if ind            | lividual)         |             |                          |               |                       |          |               |         |                                    |
| Skerrett, H. Donlon                           |                   |             |                          |               |                       |          |               |         |                                    |
| Business or Residence Address                 | (Number an        | d Stre      | eet, City, State, Zip Co | ode)          |                       |          |               |         |                                    |
| 89 Bunker Hill Court, V                       | Wayne, PA         | 1908        | <b>37</b>                |               |                       |          |               |         |                                    |
| Check Box(es) that Apply: 🗵                   | Promoter          | ×           | Beneficial Owner         | ×             | Executive Officer     | ×        | Director      |         | General and/or<br>Managing Partner |
| Full Name (Last name first, if ind            | lividual)         |             |                          |               |                       |          |               |         |                                    |
| Brown, Clinton H., Jr.                        |                   |             |                          |               |                       |          |               |         |                                    |
| Business or Residence Address                 | (Number and       | d Stre      | eet, City, State, Zip Co | nde)          |                       |          |               |         |                                    |
| 335 Chester Road, Devo                        |                   |             | ou ony, state, ish or    | , <b>u</b> c, |                       |          |               |         |                                    |
| Check Box(es) that Apply:                     | Promoter          | <u> </u>    | Beneficial Owner         | ×             | Executive Officer     | ☑        | Director      |         | General and/or                     |
|   |                   |             | Beneficial Owner         |               | Executive Officer     | X        | Director      | J       | Managing Partner                   |
| Full Name (Last name first, if ind            | lividual)         |             |                          |               |                       |          | <u> </u>      |         |                                    |
| Patterson, Joseph M.                          |                   |             |                          |               |                       |          |               |         |                                    |
| Business or Residence Address                 | (Number           | and S       | Street, City, State. Zip | Code)         |                       |          |               |         |                                    |
| 2250 Berks Road, Lanse                        | dale, PA 194      | <b>446</b>  |                          |               |                       |          |               |         |                                    |
| Check Box(es) that Apply:                     | Promoter          |             | Beneficial Owner         | ×             | Executive Officer     |          | Director      |         | General and/or<br>Managing Partner |
| Full Name (Last name first, if ind            | lividual)         |             |                          |               |                       |          |               |         |                                    |
| Carvlin, Mark                                 |                   |             |                          |               |                       |          |               |         |                                    |
| Business or Residence Address                 | (Number an        | d Stre      | eet. City, State, Zip Co | ode)          |                       |          | _             |         |                                    |
| 220 Berks Road, Lansd                         |                   |             |                          |               |                       |          |               |         |                                    |
| Check Box(es) that Apply:                     |                   |             | Beneficial Owner         |               | Executive Officer     |          | Director      |         | General and/or<br>Managing Partner |
| Full Name (Last name first, if ind            | lividual)         |             |                          |               |                       |          |               |         |                                    |
| Lee, Robert W.                                |                   |             |                          |               |                       |          |               |         |                                    |
| Business or Residence Address                 | (Number and       | d Stre      | eet, City, State, Zip Co | nde)          |                       |          |               |         |                                    |
| 83 Valley Brook Road, 1                       |                   |             |                          | ,,,           |                       |          |               |         |                                    |
|   | Promoter          | $\boxtimes$ | Beneficial Owner         |               | Executive Officer     | ⊠        | Director      |         | General and/or                     |
|   |                   |             | Beneficial Owner         | <u> </u>      | Executive Officer     | ۵        | Director      |         | Managing Partner                   |
| Full Name (Last name first, if ind            | lividual)         |             | ·- <del></del>           |               |                       |          |               |         |                                    |
| Davis, Phillip                                |                   |             |                          |               |                       |          |               |         |                                    |
| Business or Residence Address                 | (Number an        | d Str       | eet, City, State, Zip Co | ode)          |                       |          |               |         |                                    |
| 950 Willow Valley Lake                        | es Drive, Ap      | t. K        | 404, Willow St           | reet, 🛚       | PA 17584              |          |               |         |                                    |
| Check Box(es) that Apply:                     | Promoter          |             | Beneficial Owner         |               | Executive Officer     |          | Director      |         | General and/or<br>Managing Partner |
| Full Name (Last name first, if ind            | lividual)         |             |                          |               |                       |          | _             |         |                                    |
|   |                   |             |                          |               |                       |          |               |         |                                    |
| Business or Residence Address                 | (Number and       | d Stre      | cet, City, State, Zip Co | ode)          |                       |          |               |         |                                    |

|   | •                       |                            |                           |                           |                       |                                 |                         |                         | В.                   | IN                    | FORM                          | ATION A                    | BOUT OFF                   | ERING   |                              |   |                         |             |             |
|---|-------------------------|----------------------------|---------------------------|---------------------------|-----------------------|---------------------------------|-------------------------|-------------------------|----------------------|-----------------------|-------------------------------|----------------------------|----------------------------|---|------------------------------|---|-------------------------|-------------|-------------|
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      | •                     |                               |                            |                            |   |                              |   |                         | Yes         | No          |
| 1. I  | las th                  | e issuer                   | sold.                     | or doe                    | s the                 |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             | $\boxtimes$ |
|   |                         |                            |                           |                           |                       | Α                               | .nsw(                   | er alse                 | o in A               | \pp                   | endix, C                      | Column 2, i                | f filing unde              | r ULOE.   |                              |   |                         |             |             |
| 2. \  | Vhat                    | is the mi                  | inimu                     | m inve                    | stm                   | ent th                          | iat w                   | ill be                  | acce                 | ptec                  | i from a                      | ny individu                | ıal?                       |   | ,                            | *************************************** |                         |             |             |
| 3. Does the offering permit joint ownership of a single unit?   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       | Yes<br>⊠                      | No                         |                            |   |                              |   |                         |             |             |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               | Ш                          |                            |   |                              |   |                         |             |             |
| s<br>a<br>l   | imila<br>n ass<br>roker | r remunociated             | eratio<br>perso<br>er. If | n for s<br>n or a<br>more | olici<br>gent<br>than | itatior<br>t of a<br>five       | n of p<br>brol<br>(5) p | purch<br>ker o<br>ersor | asers<br>r dea       | in o<br>ler           | connecti<br>registere         | ion with sa<br>ed with the | les of securi<br>SEC and/o | ities in the o<br>or with a sta<br>such a broke | ffering. If<br>ate or state: | a person to<br>s, list the n            | be listed is ame of the |             |             |
| Full N  | ame (                   | Last Na                    | ame fi                    | rst. if                   | indi                  | ividu                           | al)                     |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            | рапу. Соп                                       | pensation                    | or commis                               | sions will n            | ot be pa    | id in       |
| <u>connec</u><br>Busine   | tion 1<br>SS OF         | <u>with the</u><br>Residen | e offer<br>ce Ad          | or sa<br>dress (          | <u>le oi</u><br>Nur   | <u>f <b>the</b> i</u><br>nber : | units<br>and S          | <u>of li</u><br>Street  | <u>miteo</u><br>City | <u>d lia</u><br>v. St | <u>ability c</u><br>tate, Zip | ompany ir<br>Code)         | iterests.                  |   |                              |   |                         |             |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         | ,,                   | •                     |                               | ,                          |                            |   |                              |   |                         |             |             |
|   |                         |                            | 73 1                      |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
| Name (  | oi Ass                  | sociated                   | Brok                      | er or L                   | ealc                  | :r                              |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
| States  | n Wh                    | ich Pers                   | son Li                    | sted H                    | as S                  | olicit                          | ed o                    | r Inte                  | nds to               | o Sc                  | olicit Pu                     | rchasers                   | . <u>-</u>                 |   |                              | -                                       |                         |             |             |
| (Cl   | ieck "                  | All Stat                   | es" or                    | check                     | ind                   | ividu                           | al St                   | ates)                   |                      |                       |                               |                            |                            |   |                              |   |                         | ☐ All       | States      |
| <i>  A</i>  | L J                     | AK                         |                           | [ AZ                      | 1                     | [ Al                            | R ]                     | [ (                     | CA                   | 1                     | [ CO ]                        | [ CT ]                     | [ DE ]                     | [ DC ]  | [ FL ]                       | GA                                      | HI                      | [ ID        | l           |
|   | L J                     | [ IN                       | 1                         | [ IA                      | 1                     | [ K                             | S                       | [                       | (Y J                 | 1                     | [ LA ]                        | [ ME ]                     | [ MD ]                     | [MA <b>⊠</b> ]                                  | [ MI ]                       | J MN J                                  | [ MS ]                  | [ MO        | J           |
| Į N   | IT J                    | [ NE                       | ]                         | [ NV                      | J                     | [ NI                            | Н                       | [ ]                     | NJ                   | 1                     | NM                            | [ NY ]                     | [ NC ]                     | ND  | [ OH ]                       | [ OK ]                                  | [OR]                    | [ PAE       | ğΙ          |
|   | RI J                    | [ SC                       | ]                         | [ SD                      | ]                     | [ T                             | N J                     | [ ]                     | ГΧ]                  | 1                     | UT                            | [ VT ]                     | [ VA ]                     | [ WA ]  | [ WV ]                       | [ WI ]                                  | [ WY ]                  | { PR        | ]           |
| Full Na   | me (l                   | _ast Nar                   | me fir                    | st, if ir                 | idivi                 | idual)                          | )                       |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
| Rusine  | es or                   | Residen.                   | ce Ad                     | dress (                   | Nur                   | nher                            | and C                   | Street                  | Cin                  | , Cı                  | tate, Zip                     | Code)                      |                            |   |                              |   |                         |             |             |
| Dusine  | 33 01                   | Colucii                    | cc Au                     | uress (                   | , I Y UI              | noci a                          | and .                   | Jucci                   | , City               | , St                  | .atc, Zip                     | Code                       |                            |   |                              |   |                         |             |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         | _           |             |
| Name  | of Ass                  | sociated                   | Brok                      | er or E                   | )calc                 | er                              |                         |                         |                      |                       |                               |                            |                            |   |                              |   | ,                       |             |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
| States  | n Wh                    | ich Pers                   | son Li                    | sted H                    | as S                  | olicit                          | ed o                    | r Inte                  | nds to               | o Sc                  | olicit Pu                     | rchasers                   |                            |   |                              |   | -                       |             |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         | All         | States      |
|   | L ]                     | [ AK                       |                           | [ AZ                      |                       | [ AI                            |                         |                         | CA ]                 |                       | [ CO ]                        | [CT]                       | [ DE ]                     | [ DC ]  | [ FL ]                       | [ GA ]                                  | [ HI ]                  |             |             |
| -   | L                       | [ IN                       | -                         | [ ]A                      |                       | [ K                             |                         |                         | (Y                   |                       | LA                            | [ ME ]                     |                            | [ MA ]  | [ ML]                        | [MN]                                    | [ MS ]                  | [ MO        |             |
|   | 1T ]                    | [ NE                       | -                         | NV                        |                       | NI                              |                         |                         | NJ J                 |                       | NM                            | NY ]                       | -                          | ND ]  | [ 0H ]                       | [OK]                                    | [ OR ]                  | [ PA        |             |
|   | :                       | -                          | -                         | [ SD                      |                       |                                 |                         |                         | ΓX ]                 |                       |                               | VT ]                       |                            | [ WA ]  | [WV]                         | [ WI ]                                  | [WY]                    | [ PR        | _           |
| -   | -                       | ast Nar                    | -                         |                           |                       |                                 |                         |                         |                      |                       | 1 0. 1                        | 1 ,                        | 11                         | 1 1   |                              |   | 1 1                     | 1 * * *     | '           |
|   |                         |                            |                           |                           |                       | ,                               |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
|   |                         |                            |                           |                           |                       | <del></del> _                   |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
| Busine  | ss or                   | Residen                    | ce Ad                     | dress (                   | Nur                   | nber :                          | and S                   | Street                  | , City               | r, St                 | tate, Zip                     | Code)                      |                            |   |                              |   |                         |             |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
| Name  | of Ass                  | sociated                   | Brok                      | er or E                   | eale                  | r                               |                         |                         |                      |                       |                               |                            |                            |   | <del>.</del>                 |   |                         | <del></del> |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         |             |             |
|   |                         | =                          |                           |                           |                       |                                 |                         |                         |                      |                       | <del></del>                   | <del></del>                |                            |   |                              |   |                         |             |             |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       | olicit Pu                     |                            |                            |   |                              |   |                         |             | 0           |
|   |                         |                            |                           |                           |                       |                                 |                         |                         |                      |                       |                               |                            |                            |   |                              |   |                         | All         | _           |
| -   | L ]                     | [ AK                       |                           | [ AZ                      |                       | Al                              |                         |                         | CA ]                 |                       | [ CO ]                        | [CT]                       | -                          | [ DC ]  | [FL]                         | [ GA ]                                  | [ HI ]                  | [ ID        |             |
| •   | Ll                      | [ IN                       | _                         | [ IA                      |                       | [ K:                            |                         |                         | (Y ]                 |                       | (LA)                          | [ ME ]                     |                            | [ MA ]  | [ MI ]                       | [ MN [                                  | [ MS ]                  | [ MO        | -           |
|   | 1T ]                    | [ NE                       | _                         | [ NV                      |                       | Ni                              |                         |                         | NJ ]                 |                       | [ NM ]                        | [ NY ]                     |                            | [ ND ]  | [ OH ]                       | [ OK ]                                  | [ OR ]                  | [ PA        |             |
| 1 1   | 1 15                    | - ESC                      | 1                         | L SD                      | 1                     | 1 77                            | N I                     | [ 7                     | CY L                 | · · · ·               | 1 TH 1                        | 1 VT I                     | I VA I                     | f WA 1  | f WV 1                       | 1 WL I                                  | LWYI                    | [ PR        | I           |

| _  | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US   | SE OI | 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<br>Offering Price |     | Amount Already<br>Sold                     |
|    | Debt  | \$    | 0                           | \$  | 0  |
|    | Equity  | _     |                             | \$  | 0  |
|    | ☐ Common ☐ Preferred  | _     |                             | -   |  |
|    | Convertible Securities (including warrants)   | \$_   | 0                           | \$_ | 0  |
|    | Partnership Interests   | \$_   | 0                           | \$_ | 0  |
|    | Other - units of limited liability company interests  | \$_   | 450,000                     | \$_ | 202,500                                    |
|    | Total   | \$_   | 450,000                     | \$_ | 202,500                                    |
|    | 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."            |       |                             |     |  |
|    |   |       | Number<br>Investors         |     | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors  | _     | 3                           | \$_ | 202,500                                    |
|    | Non-accredited Investors  | _     | 0                           | \$_ | 0  |
|    | Total (for filings under Rule 504 only)   | _     | n/a                         | \$_ | n/a  |
|    | 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.  |       | m e                         |     | D.H. A.                                    |
|    | Type of offering  |       | Type of<br>Security         |     | Dollar Amount<br>Sold                      |
|    | Rule 505  |       | n/a                         | \$  | n/a  |
|    | Regulation A  | _     | n/a                         | \$  | n/a  |
|    | Rule 504  | _     | n/a                         | \$  | n/a  |
|    | Total   | -     | n/a                         | \$  | n/a  |
| 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   |       |                             | \$_ | 0  |
|    | Printing and Engraving Costs  |       |                             | \$_ | 0  |
|    | Legal Fees  |       | 🗵                           | \$_ | 9,000                                      |
|    | Accounting Fees   |       | 🗵                           | \$_ | 1,000                                      |
|    | Engineering Fees  |       |                             | \$_ | 0  |
|    | Sales Commissions (specify finders' fees separately)  |       |                             | \$_ | 0  |
|    | Other Expenses (identify)   |       |                             | \$_ | 0  |
|    | Total   |       | 🗵                           | \$  | 10,000                                     |

| . C. OFFERING PRICE,  | NUMBER OF INVESTORS, EXPENSES   | AND    | US  | E OF PROCEED   | S          |             |                       |
|---|---|--------|-----|--|------------|-------------|-----------------------|
| b. Enter the difference between the aggregat<br>Question I and total expenses furnished in respo<br>"adjusted gross proceeds to the issuer."  | onse to Part C - Question 4.a. This differen-   | e is t | he  |  |            | <b>\$</b> _ | 440,000               |
| i. Indicate below the amount of the adjusted gross<br>for each of the purposes shown. If the amount for<br>check the box to the left of the estimate. The to<br>gross proceeds to the issuer set forth in response. | or any purpose is not known, furnish an estinotal of the payments listed must equal the | nate a | nd  |  |            |             |                       |
|   |   |        |     | Payments to<br>Officers,<br>Directors, &<br>Affiliates |            |             | Payments To<br>Others |
| Staff Salaries and benefits   |   | X      | \$_ | 190,000  | . 0        | \$_         | 0                     |
| Real estate leases and facility maintenance   |   | 🛮      | \$_ | 0  |            | \$_         | 0                     |
| Purchase, rental or leasing and installation of   | machinery and equipment   | 🗆      | \$_ | 0  |            | \$_         | 0                     |
| Leasehold Improvements  |   | 🗆      | \$_ | 0  |            | \$_         | 0                     |
| Acquisition of other businesses (including the that may be used in exchange for the assets of   |   |        | ø   | ۵  | _          | •           | ٥                     |
| merger) Restricted Cash   |   |        | _   | 0  | -          | _           | 0                     |
| Working capital   |   |        | _   |  | -          | _           | 250,000               |
| Other (specify):  |   |        | _   |  | -          | _           | 0                     |
| Column Totals   |   |        | _   |  | -          | _           | 250,000               |
| Total Payments Listed (column totals added).  |   |        | Ψ-  |  | -<br>0,000 |             | 22.01000              |
|   |   |        |     |  |            |             | <del></del>           |
|   | D. FEDERAL SIGNATURE  |        |     |  |            |             |                       |
| The issuer has duly caused this notice to be signed<br>ignature constitutes an undertaking by the issuer to<br>information furnished by the issuer to any non-accretion.  | to furnish to the U.S. Securities and Excha   | nge C  | omn | nission, upon writ                                     |            |             |                       |
| ssuer (Print or Type)   | Signature   |        |     | Date   |            |             |                       |
| Nanoscan Imaging, LLC   | 1 shall a   | )      | 7   | Jun  | e 28       | , 20        | 007                   |
| Name of Signer (Print or Type)  By: H. Donlon Skerrett  | Title of Signer (Print or Type)  Chief Executive Officer                                | _      |     | <del></del>  |            |             |                       |

## STATE SIGNATURE Yes No 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?..... $\boxtimes$ See Appendix, Column, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signatule Date Nanoscan Imaging, LLC June 28, 2007 Name of Signer (Print or Type) Title of Signer (Print or Type) By: H. Donlon Skerrett Chief Executive Officer

## APPENDIX

| 1     | 7                      | 2  | 3  |                                      | 5   |  |        |     |    |
|-------|------------------------|--|--|--------------------------------------|---|--|--------|-----|----|
|       | to non-ac<br>investors | to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Disqualification<br>under State ULOI<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |  |        |     |    |
| State | Yes                    | No   | Units of Limited<br>Liability Company<br>Interest  | Number of<br>Accredited<br>Investors | Amount  | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No |
| AL    |                        |  |  |                                      |   |  |        |     |    |
| AK    |                        |  |  |                                      |   |  |        |     |    |
| AZ    |                        |  |  |                                      |   |  |        |     |    |
| AR    |                        |  |  |                                      |   |  |        |     |    |
| CA    |                        |  |  |                                      |   |  |        |     |    |
| CO    |                        |  |  |                                      |   |  |        |     |    |
| СТ    |                        |  |  |                                      |   |  |        |     |    |
| DE    |                        |  |  |                                      |   |  |        |     |    |
| DC    |                        |  |  |                                      |   |  |        |     |    |
| FL    |                        |  |  |                                      |   |  |        |     |    |
| ID    |                        |  |  |                                      |   |  |        |     |    |
| IL    |                        |  |  |                                      |   |  |        |     |    |
| IA    |                        |  |  |                                      |   |  |        |     |    |
| KS    |                        |  |  |                                      |   |  |        |     |    |
| KY    |                        |  |  |                                      |   |  |        |     |    |
| LA    |                        |  |  |                                      |   |  |        |     |    |
| ME    |                        |  |  |                                      |   |  |        |     |    |
| MD    |                        |  |  |                                      |   |  |        |     |    |
| MA    |                        | X  |  | 1                                    | 45,000  |  |        |     | X  |
| MI    |                        |  |  |                                      |   |  |        |     |    |
| MN    |                        |  |  |                                      |   |  |        |     |    |
| MS    |                        |  |  |                                      |   |  |        |     |    |
| мо    |                        |  | _  |                                      |   |  |        |     |    |

APPENDIX

| 1     |   | 2                    | 3  |                                      | 4 5 Disqualification   |  |  |          |          |  |  |  |
|-------|---|----------------------|--|--------------------------------------|--|--|--|----------|----------|--|--|--|
|       | Intend<br>to non-ac<br>investors<br>(Part B | credited<br>in State | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |  |          |          |  |  |  |
| State | Yes   | No                   | Units of Limited<br>Liability Company<br>Interest  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount                                       | Yes      | No       |  |  |  |
| MT    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| NE    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| NV    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| NH    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| NJ    | _   |                      |  |                                      |  |  |  |          |          |  |  |  |
| NY    |   |                      |  |                                      |  |  |  |          | -        |  |  |  |
| NC    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| ND    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| ОН    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| ок    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| OR    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| PA    |   | X                    |  | 2                                    | 157,500  |  |  |          | X        |  |  |  |
| RI    |   |                      |  |                                      |  |  |  | <u> </u> |          |  |  |  |
| SC    |   |                      |  |                                      |  |  | <u></u>                                      |          |          |  |  |  |
| SD    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| TN    | <u> </u>                                    |                      |  |                                      |  |  |  |          |          |  |  |  |
| TX    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| UT    |   |                      |  |                                      |  |  |  |          | <u> </u> |  |  |  |
| VT    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| VA    |   |                      |  |                                      |  |  |  |          |          |  |  |  |
| WA    |   |                      | <u> </u>   |                                      |  |  |  |          |          |  |  |  |
| WV    |   |                      |  |                                      |  |  | -06  | _        |          |  |  |  |
| WI    |   |                      |  |                                      |  | $\mathcal{I}$                            |  |          |          |  |  |  |
| WY    |   |                      |  |                                      | <u> </u>   |  | <u>.                                    </u> |          |          |  |  |  |
| PR    |   |                      |  |                                      |  |  |  |          |          |  |  |  |