

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	OMB APPROVAL						
OMB Num	ber:	3235-0076					
Expires:	April	30,2008 ge burden					
Estimated	averag	je burden					
hours per r	espon	se16.00					

SEC	USE OF	NLY .
Prefix		Serial
DA	TE RECEIV	ED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Rainier American Investors III, LLC 8.5% Senior Notes	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing  Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	[
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	07070134
Rainier American Investors III, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
13760 Noel Road, Suite 800, Dallas, Texas 75240	214-234-8200
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Real Estate Investment	5 ADOOT
	> PHUCESSED
Type of Business Organization	please specify): JUL 1 1 2007
	please specify): JUL 17 2007
business trust limited partnership, to be formed	THOUGH
Month Year	FINANSON
Actual or Estimated Date of Incorporation or Organization: 012 017 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	mated FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	: DE

#### 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 the 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 after as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION -

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

### A. BASIC IDENTIFICATION DATA 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: General and/or Promoter ☐ Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Director General and/or Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Promoter ☐ Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Has the issuer sold, or does the issuer intend to sell. to non-accredited investors in this offering?   S   Answer also in Appendix. Column 2. if filing under ULOE.						B. 18	NFORMAT	ION ABOU	T OFFERI	NG				
Answer also in Appendix. Column 2, if filing under ULOE.  2, What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer, registered with the SEC and/or with a state or states. Is the name of the broker or dealer. Timor than five (5) persons to be listed are associated persons of such a state or states. Is the name of the broker or dealer. Timor than five (5) persons to be listed are associated persons of such a state or states. Is that mane of first if individual)  Brown, Charless  Business or Residence Address (Number and Street, City, State, Zip Code)  One Holis Street, Sults 301. Wellesley, MA 02482  Name of Associated Broker or Dealer  Commonwealth Financial Network  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC EA AH HIDO  MT NE NY NH NI NM NY NC ND OH OK OR PA  HIL NI IA KS KY IA ME MO NA MI MN MS MO  MR NE NY NH NI NM NY NC ND OH OK OR PA  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)  ALL AK AZ AR CA CO CT DE DC EA GA HI DO  MT NE NY NH NI NM NY NC ND OH OK OR PA  HIL NM														
2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connections with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer, unit or agent of a broker or dealer with a 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, unit or agent of a broker or dealer only.  Full Name (Last name first, if individual)  Brown, Charles  Business or Residence Address (Number and Street, City, State, Zip Code)  One Hollis Street, Sulfe 301, Wellesley, MA 02482  Name of Associated Broker or Dealer  Commonwealth Financial Network  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID CK OR PAR DEAL CROSS DEAL CRO	1.	Has the	issuer solo	d, or does th								•••••	X	
Test No  3. Does the offering permit joint ownership of a single unit?									-				- 25	000 00
3. Does the offering permit joint ownership of a single unit?	2.	•••								ه				
toommission 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 agen 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 Name (Last name first, if individual)  Brown, Charles  Business or Residence Address (Number and Street, City, State, Zip Code)  One Hollis Street, Sulto 301, Wellesley, MA 02482  Name of Associated Broker or Dealer  Commonwealth Financial Network  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI DD MAN MIN MS MO MT NE NO MAN MIN MS MO MT NE NO MAN MIN MS MO MT NE NO MIN MIN MS MO MT NE NO MIN MIN MS MO MIN MIN MS MO MIN MIN MS MO MIN	3.	Does the	offering	permit join	t ownershi	p of a sing	le unit?							
If a person to be listed is an associated person or agent to 6 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 Name (Last name first, if individual) Brown, Charles  Business or Residence Address (Number and Street, City, State, Zip Code) One Holius Street, Suite 301, Wellesley, MA 02482 Name of Associated Broker or Dealer Commonwealth Financial Network States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	4.	Enter th	e informat	ion request	ted for eac	h person w	ho has bee	n or will b	e paid or a	given, dire	ctly or ind	irectly, any		
Brown, Charles		If a perso	on to be lis . list the na	ited is an ass ame of the b	sociated pe roker or de	erson or age caler. If mo	nt of a brok ore than five	er or deale (5) persor	r registered ns to be list	l with the S ed are asso	EC and/or	with a state		
One Hollis Street, Suite 301, Wellesley, MA 02482				first, if ind	ividual)									
Name of Associated Broker or Dealer	Bus	iness or I	Residence	Address (N	lumber and	d Street, Ci	ty, State, Z	ip Code)						
Commonwealth Financial Network						02482								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)														
(Check "All States" or check individual States)						or Intends	to Solicit	Purchasers						
II.   N   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	, D.												☐ Al	l States
II.   N   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		AL	AK	ΑŻ	AR	ĈA	col	CT	DE	DC	FL	GA	нП	ĪD
RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name (Last name first, if individual) Crook, Patrick  Business or Residence Address (Number and Street, City, State, Zip Code) 833 NW Buchanan Avenue, Corvallis, OR 97330  Name of Associated Broker or Dealer Commonwealth Financial Network  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  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 Name (Last name first, if individual) Johnston, Roy A.  Business or Residence Address (Number and Street, City, State, Zip Code) 667 Exton Commons, Exton, PA 19341  Name of Associated Broker or Dealer Sanders Morris Harris  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  All AK AZ AR CA CO CT DE DC GL GA HI IV  All States  All AK AZ AR CA CO CT DE DC GL GA HI IV  All States														
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Business or Residence Address (Number and Street, City, State, Zip Code)  833 NW Buchanan Avenue, Corvallis, OR 97330  Name of Associated Broker or Dealer  Commonwealth Financial Network  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)				first, if ind	ividual)		,							
Commonwealth Financial Network  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Bus	iness or	Residence				ity, State, 2	Zip Code)	·					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Nan	ne of Ass	ociated Br	oker or De	aler							·· ·· ·· ··		
(Check "All States" or check individual States)		•												
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 Name (Last name first, if individual)  Johnston, Roy A.  Business or Residence Address (Number and Street, City, State, Zip Code)  667 Exton Commons, Exton, PA 19341  Name of Associated Broker or Dealer  Sanders Morris Harris  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States) All States	Stat													
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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 Name (Last name first, if individual)  Johnston, Roy A.  Business or Residence Address (Number and Street, City, State, Zip Code)  667 Exton Commons, Exton, PA 19341  Name of Associated Broker or Dealer  Sanders Morris Harris  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)		AL	-	=										
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers    Check "All States" or check individual States)   All States     All AK   AZ   AR   CA   CO   CT   DE   DC   FL   GA   HI   IV			•											
Name of Associated Broker or Dealer  Sanders Morris Harris  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)				•		d Street, C	ity, State, 2	Zip Code)						
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AL AK AZ AR CA CO CT DE DC FAL GA HI TØ	Stat	es in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers						
		(Check	'All States	s" or check	individual	States)	•••••			***************			☐ All	l States
TYZ IN IA KYS KYI LA ME MD MYA MI MN MS MO			AK	AZ	AR		CO		DE	DC	EV	GA	HI	
		1/2	IN	ĪĀ	K/S	KY	LA	MĒ	MD	MA	IM	MN	MS	MO
MT NE NV MH MI NM NV NC ND OH OK OR RA  RI SC SD TN TX UT VT 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 the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		4
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<b>7,000,000.00</b>	<b>\$</b> 6,800,000.00
	Equity	s 0.00	<b>s</b> 0.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	0.00	0.00 \$
	Partnership Interests		\$ 0.00
	Other (Specify)	-	s 0.00
	Total	7,000,000.00	
	Answer also in Appendix, Column 3, if filing under ULOE.	<b></b>	<u></u>
1			
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	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	78	\$ 6,290,000.00
	Non-accredited Investors		§ 185,000.00
	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, 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.		
	T 1.000.	Type of	Dollar Amount
	Type of Offering	Security N/A	Sold
	Rule 505	N/A	\$
	regulation A	N/A	\$
	Nuic 304		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	<b>Ø</b>	\$_40,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$_490,000.00
	Other Expenses (identify) due diligence,marketing,organizational & offering,wholesale fees		\$_310,000.00
	Total		s 840,000.00

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."		S	\$6,160,000.00
i.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gros	đ	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 210,000.00	<b>\$</b>
	Purchase of real estate		<b>S</b>	
	Purchase, rental or leasing and installation of mac		. 🗆 \$	\$
	Construction or leasing of plant buildings and fac	cilities	<u></u> \$	<b>\$</b>
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	<b>□</b> \$	□ \$
	Repayment of indebtedness			
	Working capital			
	Other (specify): Loan to third party			
			. 🔲 \$	\$
	Column Totals			
	Total Payments Listed (column totals added)		<b>✓</b> \$ <u>6,</u>	160,000.00
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Comm	ission, upon writte	le 505, the following n request of its staff,
SS	uer (Print or Type)	Signature	Date	<del></del>
	ainier American Investors III, LLC	1/1/1/	June 29, 2007	
. 7	me of Signer (Print or Type)	Title of Signer (Print or Type)	·	
٧u	01 5.8.01 (1 1 01 1) 647			

- ATTENTION -

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

		E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230 provisions of such rule?									
		See Appendix, Column 5, for state resp	ponse.							
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 state law.									
3.	The undersigned issuer hereby under issuer to offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	limited Offering Exemption (ULOE)	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.								
	uer has read this notification and knows t athorized person.	the contents to be true and has duly caused th	is notice to be signed on its behalf by	the undersigned						
Issuer (	(Print or Type)	Signature / /	Date							
Rainier	American Investors III, LLC		June 29, 2007							
Name (	Print or Type)	Title (Print or Type)								
J. Keni	neth Dunn	President	President							

## Instruction:

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

# **APPENDIX**

1	Intend to non-actinvestors (Part B-I	to sell credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		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		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK	•								
AZ			·						
AR									
CA	X		Senior Notes (\$50,000)	1	\$50,000	0	0		Х
СО									
СТ									
DE									
DC								,	
FL	X		Senior Notes (\$380,000)	5	\$380,000	0	0	:	Х
GA	X		Senior Notes (\$1,115,000)	20	\$1,115,000	0	0		X
н									
ID	X		Senior Notes (\$80,000)	1	\$80,000	0	0		X
, IL	X		Senior Notes (\$510,000)	6	\$510,000	0	0		Х
IN	X		Senior Notes (\$100,000)	2	\$100,000	0	0	:	Х
IA									
KS	X		Senior Notes (\$80,000)	1	\$80,000	0	0		Х
KY	X		Senior Notes (\$35,000)	0	0	1	\$35,000		х

1	Intend to non-accinvestors (Part B-I	credited in State	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		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
LA	X		Senior Notes (S100,000)	1	\$100,000	0	0		X	
ME										
MD	х		Senior Notes (\$225,000)	7	\$225,000	0	0		Х	
MA	X		Senior Notes (\$100,000)	3	\$100,000	0	0		X	
МІ	X		Senior Notes (\$100,000)	1	\$100,000	0	0		X	
MN										
MS										
МО										
мт										
NE										
NV										
NH	X		Senior Notes (\$80,000)	1	\$80,000	0	0		X	
NJ	X		Senior Notes (\$250,000)	2	\$250,000	0	0		X	
NM										
NY	X		Senior Notes (\$150,000)	2	\$150,000	0	0		X	
NC		i								
ND										
ОН	X		Senior Notes (\$150,000)	2	\$150,000	0	0		X	
OK										

1	Intend to non-accinvestors (Part B-l	credited in State	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)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
OR			A						
РА	X		Senior Notes (\$840,000)	8	\$840,000	0	0		X
RI									
sc	х		Senior Notes (S85,000)	1	\$85,000	0	0		X
SD									
TN									
тх	X		Senior Notes (\$610,000)	5	\$460,000	2	\$150,000		X
UT	X		Senior Notes (\$1,000,000)	1	\$1,000,000	0	0		Х
VT									
VA	X		Senior Notes (\$510,000)	6	\$510,000	0	0		X
WA	х		Senior Notes (\$250,000)	2	\$250,000	0	0		Х
wv	,								
WI									
WY									
PR									

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