# FORM D

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OMB APPROVAL

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# AGCRIVED JUL 10 2007

# FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SE	C USE ONLY	<del>, .</del>
Ртебіх		Serial
DAT	E RECEIVE	D

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Private Placement - Membership Interest Shares- Memorandum dated June 29, 2007  Filing Under (Check box(es) that apply):  Rule 504  Rule 505  Rule 506  Sec	tion 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.) ITS KOOL, LLC	07070354
Address of Executive Offices(Number and Street, City, State, Zip Code) 375 Pine Tree Lane, Boulder, CO 80304	(303) 393-9966
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 Personal cooling devices	PROCESSED
Type of Business Organization  corporation business trust  limited partnership, already formed limited partnership, to be formed	JUL 3 2007  This other (please specify):  This was applity company  FINANCIAL
Month Year  Actual or Estimated Date of Incorporation or Organization: 07 2002 🖾 Ac  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for St  CN for Canada; FN for other foreign jurisdiction)	tual Estimated

# GENERAL INSTRUCTIONS

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.

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 Part A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix 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 predicated on the filing of a federal notice.

	f the issuer, if the issue owner having the power	er has been organized wit		ion of, 10% or	more of a class of equity
<ul> <li>Each executive o</li> </ul>	-		orporate general and ma	naging partners	of partnership issuers; and
Check Box(es) that Apply:	⊠Promotor	⊠Beneficial Owner	☐ Executive Officer	☐ Director	⊠ General and/or Managing Partner
Full Name (Last name first, if Anthony Peter Arnold	individual)				
Business or Residence Address 375 Pine Tree Lane, Boul	(Number and Street, older, CO 80304	City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	☐ Promotor	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			<del></del>	Walmging Fattici
Business or Residence Address	(Number and Street, (	City, State, Zip Code)	- <u>-</u>	<del></del>	
Check Box(es) that Apply:	Promotor	Beneficial Owner	☐ Executive Officer	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:	Promotor	☐ Beneficial Owner	Executive Officer	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:	☐ Promotor	☐ Beneficial Owner	☐Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	<del></del>		<del></del>	
Business or Residence Address	(Number and Street, (	City, State, Zip Code)		·	<del></del>
Check Box(es) that Apply:	Promotor	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		,		
Business or Residence Address	(Number and Street, C	City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	☐ Promotor	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street, (	City, State, Zip Code)		<u>_</u>	
Check Box(es) that Apply:	Promotor	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and Street, (	City, State, Zip Code)		<del></del> .	
		<del></del>	<del></del>	<del></del>	

A. BASIC IDENTIFICATION DATA

				B. IN	VFORMA'	TION AB	OUT OFF	ERING			•	
												Yes No
1. Has the	e issuer sold	l, or does th	ne issuer in	tend to sell	, to non-acc	redited inv	estors in th	is offering?				
			Ansv	ver also in .	Appendix, (	Column 2,	if filing und	der ULOE.				
2. What i	is the minim	num investn	nent that wi	ll be accep	ted from an	v individua	d?					\$ 25,000
				•		•						Yes No
3. Does t	he offering	permit join	t ownership	of a single	e unit?	<del></del>	••••••		••••••			
remuno person	the informateration for some of agent of ve (5) persoonly.	solicitation of a broker of	of purchase r dealer reg	rs in conne istered wit	ection with s h the SEC a	sales of sec and/or with	urities in the	e offering. states, list th	If a person ne name of	to be liste the broker	d is an ass or dealer.	ociated If more
Full Name	: (Last name	e first, if in	dividual)		— ·	<u> </u>			·			-
Business o	r Residence	Address (1	Number and	l Street, Ci	ty, State, Z	ip Code)					^	
Name of A	Associated B	Broker or D	ealer						*-	<del></del>		
States in V	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers						
(Check [ AL ] { IL ] [ MT ] [ RI ]	"All States" [ AK ] [ IN ] [ NE ] [ SC ]	or check in [AZ] [IA] [IN] [SD]	ndividual Si [AR] [KS] [NH] [TN]		[ CO ] [ LA ] [ NM ] [ UT ]	[ CT ] [ ME ] [ NY ] [ VT ]	[ DE ] [ MD } [ NC ] [ VA ]	[ DC ] [ MA ] [ ND ] [ WA ]	[FL] [MI] [OH] [WV]	[ GA ] [ MN ] [ OK ] [ WI ]	[ HI ] [ MS ] [ OR ] [ WY ]	All States [ ID ] [ MO ] [ PA ] [ PR ]
<del></del>	·									·		·
Business o	r Residence	: Address (f	Number and	1 Street, Ci	ty, State, Z	ip Code)						
Name of A	Associated B	Broker or D	ealer									
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers					<u> </u>	
(Check [ AL ] [ IL ] [ MT ] [ RI ]	"All States" [ AK ] [ IN ] [ NE ] [ SC ]	or check in [ AZ ] [ IA ] [ NV ] [ SD ]	ndividual St [AR] [KS] [NH] [TN]	tates) [ CA ] [ KY ] [ NJ ] [ TX ]	[ CO ] [ LA ] [ NM ] [ UT ]	[ CT ] [ ME ] [ NY ] [ VT ]	[ DE ] [ MD ] [ NC ] [ VA ]	[ DC ] [ MA ] [ ND ] [ WA ]	[ FL ] [ MI ] [ OH ] [ WV ]	[ GA ] [ MN ] [ OK ] [ WI ]	[ HI ] [ MS ] [ OR ] [ WY ]	☐ All States [ ID ] [ MO ] [ PA ] [ PR ]
Full Name	(Last name	e first, if inc	dividual)									
Business o	r Residence	Address (I	Number and	l Street, Ci	ty, State, Z	ip Code)	<del></del>					
Name of A	Associated B	Broker or D	ealer								· · · · · · · · · · · · · · · · · · ·	
States in V	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers						
	"All States" [ AK ] [ IN ] [ NE ] [ SC ]				[ CO ] [ LA ] [ NM ]	[ CT ] [ ME ] [ NY ] [ VT ]	[ DE ] [ MD ] [ NC ] [ VA ]	[ DC ] [ MA ] [ ND ] [ WA ]	[FL] [MI] [OH] [WV]	[ GA ] [ MN ] [ OK ] [ WI ]	[HI] [MS] [OR]	☐All States [ ID ] [ MO } [ PA ] [ PR ]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sol "zero." If the transaction is an exchange offering, check this box \( \mathbb{Q} \) and indicate in the columns be offered for exchange and already exchanged.				
	Type of Security		Aggregate fering Price	Am	ount Already Sold
	Debt:	\$	<u>-0-</u>	\$	-0
	Equity:	\$	500,000	\$	-0-
	⊠ Common □ Preferred				
	Convertible Securities (including warrants)	\$	00	\$	0
	Partnership Interests	\$	-0-	\$	-0-
	Other (Specify )		_	<u> </u>	-0-
				.—-* \$	-0-
	Answer also in Appendix, Column, 3, if filing under ULOE.	Φ	300,000	Φ	0-
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	ve pui	ng and the rchased sec	aggregate urities ar	e dollar ad the
			Number Investors	Do	Aggregate llar Amount Purchases
	Accredited Investors		00	\$	0-
	Non-accredited Investors		00	\$	0
			N/ <u>A</u>	\$	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this listed in Part C-Question 1.	ties so offeri	old by the i ing. Classi	ssuer, to fy securi	date, in ties by type
	Type of offering		Type of Security	Doi	lar Amount 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 secu amounts relating solely to organization expenses of the issuer. The information may be given as su amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	bject	in this offe to future co	ring. Ex ontingend	clude ies. If the
	Transfer Agent's Fees			□ \$	0
	Printing and Engraving Costs			図 \$	2,000
	Legal Fees Accounting Fees			区\$ 区 \$	15,000 
	Engineering Fees			□ \$	-0-
	Sales Commissions (specify finders' fees separately)			□ \$	-0-
	Other Expenses (identify ) Travel			区 \$	2,500
	Total	• • • • • • •	**********	図 \$	20,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C OFFERING PRICE	NUMBER O	F INVESTORS, EXPENSES A	ND LISE	OF F	ROCEEDS	<u> </u>	
	C. OT EKING TRICE,	NOMBLE	THIT ESTORS, EXTENSES A	IND OSE	01.	NOCEED.		<del></del> -
	b. Enter the difference between the agg	gregate offering	g price given in response to Part C	- Question	1 and	l total expen	ses furn	ushed in
	response to Part C - Question 4.a. This is the "adjusted gross proceeds to the i	is difference					\$ 45	80,000
5.	Indicate below the amount of the adjust the amount for any purpose is not know listed must equal the adjusted gross pro	wn, furnish an	estimate and check the box to the le	eft of the e	stimat n 4.b : Pa	te. The total above. hyments to Officers.	of the p	payments
					וט	rectors, & Affiliates	spenses furm  \$ 48 se purposes sotal of the p  to  \$ Pa \$  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$	oyments To Others
	Sales and fees				\$	-0	\$	0
	Purchase of real estate				\$	0	\$	-0-
	Purchase, rental or leasing and installa	ation of machin	ery and equipment		\$	0	\$	-0
	Construction or leasing of plant building	ngs and facilitie	es		\$	<u>-0-</u>	\$	-0-
	Acquisition of other businesses (includ may be used in exchange for the assets	ling the value of sor securities of	of securities involved in this offering of another issuer pursuant to a merg	g that ger)	\$	0	\$	-0-
	Repayment of indebtedness				\$	40,000	\$	-0-
	Working capital			⊠	\$	-0-	\$	440,000
	Other (specify):					-0-	\$	-0-
	····		······	·····				
		<u></u>		<u></u>		-0-	\$	-0-
	Column Totals			X	\$	40,000	\$	440,000
To	otal Payments Listed (column totals ac	.dded)		⊠	<u>\$</u>	40,000	\$	440,000
		D. F	EDERAL SIGNATURE					
signan inform	suer has duly caused this notice to be sign ure constitutes an undertaking by the issue nation furnished by the issuer to any non-a	er to furnish to accredited inves	the U.S. Securities and Exchange (stor pursuant to paragraph (b)(2) of	Commissio	n, upo	on written re	le 505, t quest of	the following f its staff, the
Issue	er (Print or Type)		Signature			Date		-
ITS	KOOL, LLC		Aluno			July 2	<u>1</u> ,2007	!
By:	Anthony Peter Arnold		Manager					
		<del></del>	ATTENTION		·			
	Intentional misstatements or	omissions of fa	act constitute federal criminal vio	lations. (S	See 18	U.S.C. 100	)1.)	

	E. STATE SIGNATURE							
1.	1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqual of such rule?							
	See Appendix, Column 5, for state response.							
2.	<ol> <li>The undersigned issuer hereby undertakes to furnish to any state administrator of any state in white Form D (17 CFR 239.500) at such times as required by state law.</li> </ol>	ch this notice is filed, a notice on						
3.	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 duly authorized person.	to be signed on its behalf by the undersigned						
Ţ	Issuer (Print or Type) Signature	Date						
1	ITS KOOL, LLC	9th pely 2007						
1	Name (Print or Type) Title (Print or Type)	00						
1	By: Anthony Peter Arnold Manager							
_								

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

		2	3	<del>                                     </del>	<del> </del>	4	<del></del>	<del></del>	5
	Intend to non-a investor	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part	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		<u> </u>			<del>_</del> _			<u> </u>	
AK						<u>.                                    </u>			
AZ									
AR									
CA							<del> </del>	<u> </u>	
CO						<u> </u>		·	
СТ									
DE							ļ		
DC				<u> </u>				·	
FL								<u> </u>	
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KY	<del> </del>								
LA					<u> </u>		<u> </u>		
ME	-								
MD		<b></b>							
MA	<del>                                     </del>	<del> </del>							
MI		<del></del>			<u> </u>			<del></del> -	
MN									
MS								<del></del>	
МО	<del>                                     </del>					<u> </u>		<del></del> _	
L	i	L	L	L		L			L

				APPEN	IDIX	4			
1	Intend to non-a investor	1 to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		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
MT									
NE_									
NV_									
NH									
NJ NJ				<u> </u>		<u> </u>		<u> </u>	
NM								. <u></u>	
NY			<u> </u>				<u> </u>		
NC								<u> </u>	
ND									
ОН									
OK					<u> </u>				
OR									
PA									
RI									
SC									
\$D						<u> </u>			
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TX									
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PR							_	<del></del> _	
	<u></u>		<u> </u>						

**END**